

8. THE MEC EXAMINATION APPOINTMENT

After you have completed the medical history interviews, your next important NHANES task will be to set up examination appointments for all selected SPs in the household. It is this combination of interview information and physical examination data that makes the NHANES program unique in health research.

This chapter of the manual provides you with an overview of the mobile examination center (MEC) modules, gives key definitions associated with the examination, and outlines each step in establishing a date and time for the MEC appointment.

8.1 Overview of MEC Operations

8.1.1 The MEC Unit

The examination module of NHANES will be conducted in a specially equipped and designed MEC consisting of four trailers (Exhibit 8-1). Each trailer is approximately 50 feet long and 8 feet wide. The trailers are drawn by detachable truck tractors when moving from one geographic location (stand) to another. At an examination site, such as a hospital parking lot, the four trailers are set up side by side and connected by enclosed passageways. At any time during the main survey, there are two MECs set up at two different stands and one traveling to the next stand.

The MEC houses all of the state-of-the-art equipment necessary for the physical exams and tests conducted. The trailers are divided into rooms to assure the privacy of each study participant during the examinations and interviews.

Exhibit 8-1. Mobile Examination Center (MEC) exterior view

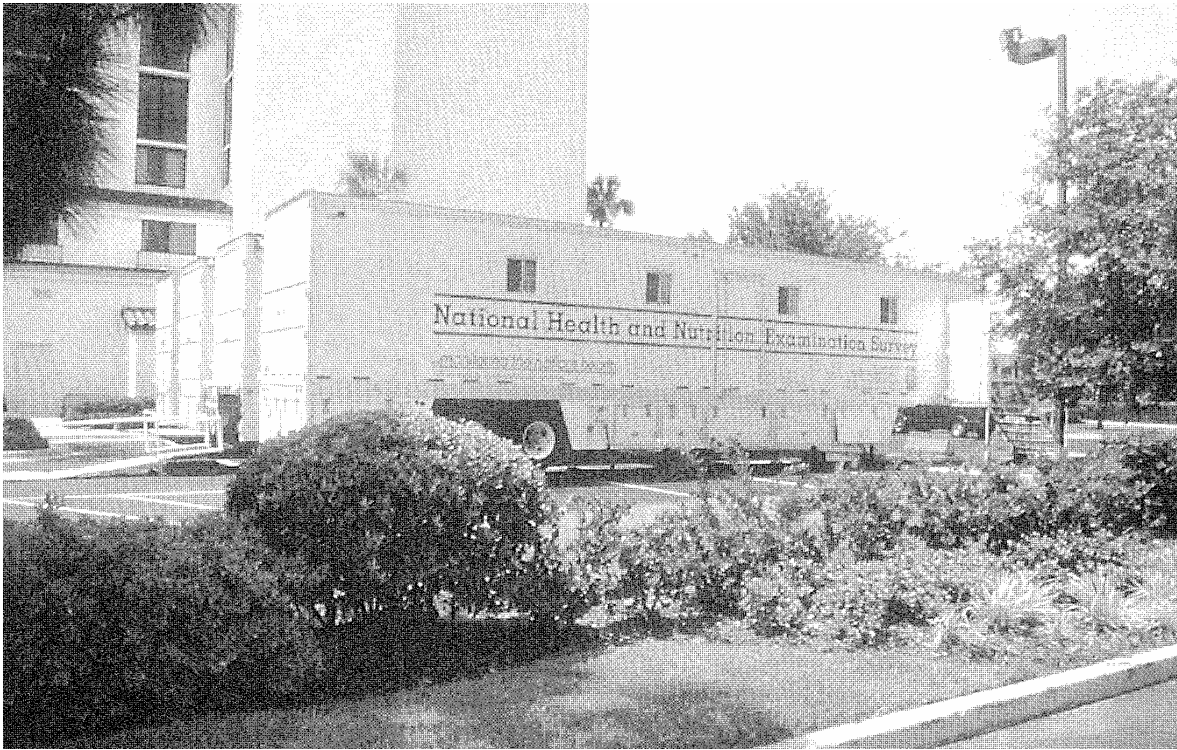
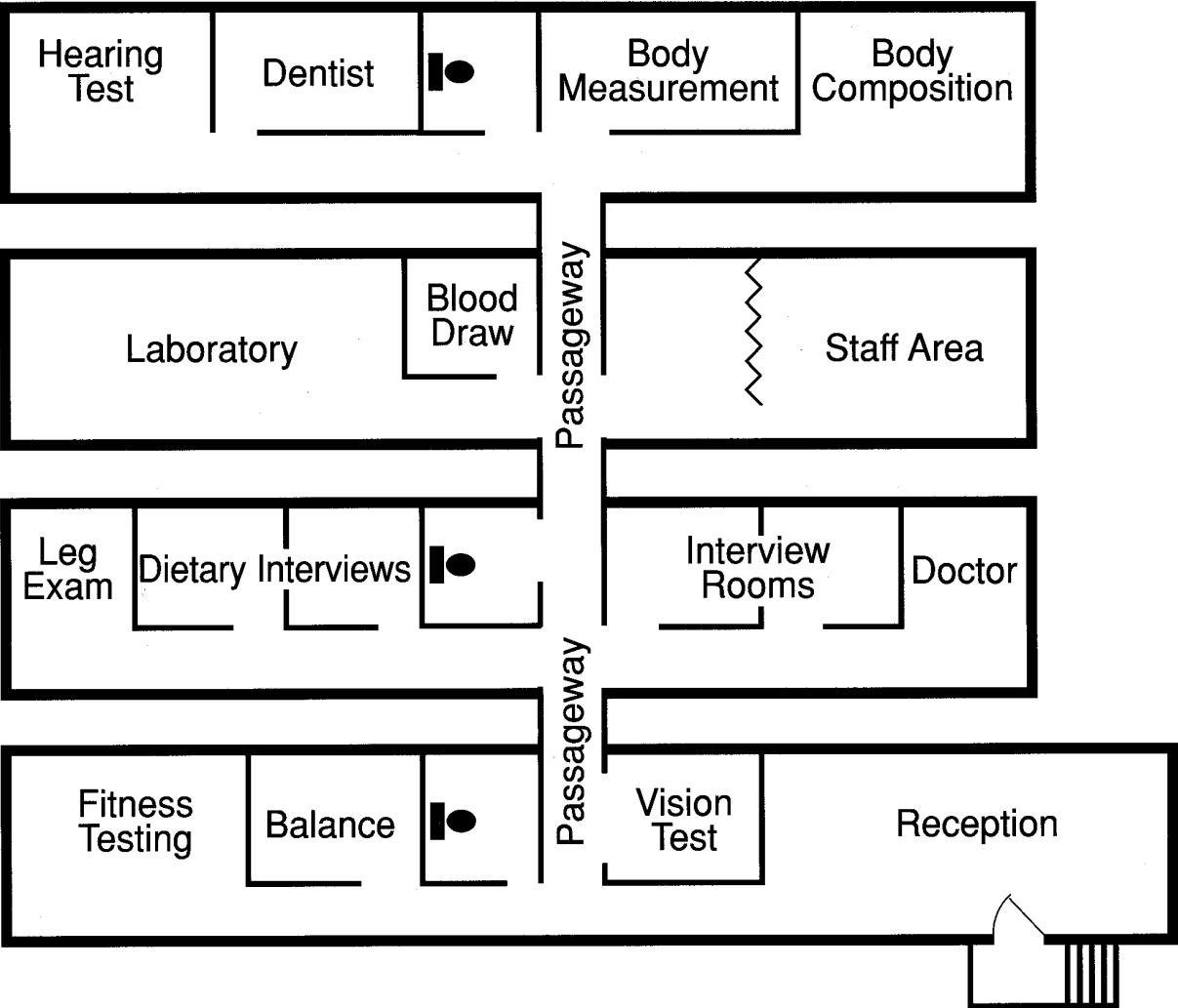


Exhibit 8-1 (continued). Mobile Examination Center (MEC) interior view



8.1.2 MEC Staff

There are 2 examination teams. Each team is composed of 17 highly qualified, trained, health professionals. The team members include the following personnel:

- 1 MEC manager;
- 1 MEC coordinator;
- 1 data manager;
- 1 licensed physician;
- 1 licensed dentist,
- 3 medical technologists;
- 2 MEC interviewers;
- 4 health technicians;
- 2 dietary interviewers; and
- 1 phlebotomist.

In addition, local assistants will be trained at each stand to assist the exam staff. The MEC team will have some bilingual staff (Spanish/English).

8.1.3 MEC Exam

The MEC exam consists of a variety of physical and dental examinations, biochemical measurements, dietary interviewing, and an interview that covers a range of health-related topics. The length of the exam varies by age of SP as follows:

- **SPs 5 and under:** The exam takes approximately 1 hour.
- **SPs 6-11:** The exam takes approximately 2 hours.
- **SPs 12+:** The exam takes approximately 4 hours.

The specific tests an SP will receive depend on his/her age and gender and selection into various subsamples. Exhibit 8-2 lists all of the MEC exam modules and indicates which modules are given to each age group. The major exam modules are described briefly here.

- **Physician's Exam**—An exam that includes blood pressure measurements. It does **not** include a gynecological exam. The physician also explains the STD and PSA tests and reporting of results for those getting these tests.
- **Body Measurements**—Height, weight, arm girth, circumference measurements and skinfold measurements.
- **Dietary Interview**—An assessment of the eating habits of adults and children including a 24-hour recall for all ages.
- **Health Interview**—An interview designed to obtain information on health behaviors (e.g., physical activity), specific health conditions (e.g., kidney, current health status), medical history (e.g., reproductive health), and risk factors (e.g., alcohol and drug use, sexual behavior). A mental health interview is also administered to SPs aged 8-39 years of age.
- **Nasal Swab**—A nasal swab is used to detect the presence of methicillin-resistant staphylococcus aureus.
- **Venipuncture**—Blood tests are performed to determine biochemistry profiles such as kidney and liver function, serum electrolytes and blood glucose as well as a complete lipid profile (including HDL and LDL) tests for infectious diseases such as hepatitis, rubella, varicella and HIV.
- **Oral Health Exam**—A limited dental exam that checks for cavities, periodontal problems and tooth loss.
- **Urine Collection**—Urine is collected to assess kidney function tests, environmental urine, priority pesticides, organophosphides and mercury level.
- **Dual Energy X-Ray Absortiomerty (DXA)**—An assessment of total body composition that includes bone density, lean mass and total body mass.
- **Body Composition (BIA)**—Total body water will be measured through bioelectrical impedance analysis. This information is used to estimate body fat. No sensation is felt by the SP.
- **Cardiorespiratory Fitness**—An assessment of cardiovascular fitness via a treadmill test. Not a stress test.
- **Skin Conditions**—An assessment of the prevalence of skin conditions including psoriasis and hand dermatitis.

Exhibit 8-2. MEC Exam Modules by Age

Modules	Age group
*Doctor's Exam	All ages
*Blood Pressure	8 +
*Body Fat	8 +
*Bone Density	8 +
*Dentist Exam	2 +
*Vision Test	12 +
*Hearing Test	20-69 (half sample)
*Fitness Test	12-49
*Height, Weight, and Other Body Measures	All ages
**Skin Conditions	12-59
Nasal Swab	1+
Balance	40+
*Leg Circulation and Foot Sensation	40+
Physical Activity Monitor	6+
*Blood Draw	1 +
Urine Sample	6 +
Private Health Interview	8 +
Diet Interview	All ages

*Results reported to you or to your child and you

**Results reported only if positive (or abnormal)

- **Physical Activity Monitor**—SPs are given a physical activity monitor (small 1" x 1" plastic box) to wear near their waist for seven days to record body movements. Monitor is returned to the home office and data is downloaded at ISIS.
- **Vision**—This examination consists of a near vision acuity test, a distance vision acuity test, and eyeglass prescription determination when appropriate, and an automated refraction measurement.
- **Balance Assessment**—A standard Romberg test is used to measure postural sway to assess the presence of balance disorders, disequilibrium and dizziness from vestibular disorders.
- **Audiometry/Tympanometry**—Hearing tests for SPs 20 years old and older. Half-sample for SPs aged 20-69 years.
- **Bone Markers**—Assessments of bone density are obtained on women and children aged 8-49 years.
- **Lower Extremity Disease Exam**—Measurements of blood pressure in the arms, feet, ankles, and toes to assess lower leg circulation and an assessment of the likelihood of disease in the feet.
- **Volatile Organic Compounds Exposure**—A half sample of SPs aged 20-59 will be tested to obtain information on exposures to a selected group of volatile organic compounds related to air pollution.
- **Dietary Phone Follow-up Interview and Food Frequency Questionnaire**—All SPs are eligible for the dietary phone follow-up interview and Food Frequency Questionnaire which takes place after the MEC exam. SPs will be scheduled for the phone interview, which is a repeat of the MEC dietary interview by telephone, by the dietary interviewers during the MEC visit. The Food Frequency Questionnaire is a 24 page self-administered questionnaire that is mailed to SPs after their MEC visit. FFQs are returned to the home office.

It is important for you to become very familiar with the MEC examination. In the SP Consent/Assent Brochures (which will be discussed later in this chapter) you will find a list of the exam modules. In most situations this is what you should use to explain the MEC examination to SPs. If, however, an SP wants to know exactly which modules s/he will receive, a copy of Exhibit 8-2 has been inserted into your hand cards to be used as a reference. Respondents who ask for more detailed information about the examination than you can provide or than is provided in the SP Consent Brochure or the hand cards can be referred to the field office staff. Respondents can discuss the examination with the Stand Coordinator or the MEC Manager directly from the respondent's home. If more detail is required, the field office can also ask a MEC staff member to contact the respondent. Remember that respondents will also get very detailed information during their actual visit to the MEC.

8.1.4 MEC Exam Schedule

The examination centers will be open five days each week, with closed days changing on a rotating basis so that appointments will be available on any day of the week. There will be two examination sessions a day, held morning and afternoon or morning and evening for the convenience of participants. Approximately 12 SPs should be scheduled for each exam session.

The weekly schedule for MEC exams will vary. During half of the stand exam period, MEC sessions will be scheduled Thursday through Monday. During the other weeks, exams will be scheduled Saturday through Wednesday. Evening exams will be offered twice a week (Mondays, Tuesdays, or Thursdays). When you receive your first assignment at a stand, your supervisor will give you a stand specific MEC exam schedule. SPs under age 12 or diabetics on insulin can be scheduled throughout the day (morning, afternoon or evening). SPs age 12+ should be given appointments either in the morning, afternoon or evening depending on whether the household has been randomly assigned to the morning or afternoon/evening fast. (See step #2 in Section 8.3.) Try to schedule as many appointments as possible for weekdays so that weekend schedules do not become overcrowded.

When the SP arrives at the MEC, s/he is greeted by the MEC Coordinator who is responsible for seeing to it that the SP receives all the appropriate exams for his/her gender and age. The SP changes from street clothes into a paper gown, trousers, and slippers provided by the MEC. S/he is then given an ID bracelet with an identification number and escorted from the reception area to each of the exam locations within the MEC.

8.2 General Procedures for Making MEC Appointments

Each eligible household can contain one or more SPs. If all SPs are not at home during your visit, then you will need to recontact the household to complete the interviews and/or set up examination appointments.

1. ONE SP IN THE HOUSEHOLD. This is the simplest household situation. You administer the SP and Family Questionnaires to the respondent or to a proxy (as applicable), and set up the examination appointment at the conclusion of the interview.

2. TWO OR MORE SPS IN THE HOUSEHOLD—ALL SPS AT HOME DURING YOUR VISIT. Scheduling appointments for two or more SPs when all SPs are present at the time of contact is similar to scheduling appointments for one person. After completing the SP interview with each respondent, **informally** arrange possible appointment times for the examination with the SP pointing out that s/he should choose a day(s) that is convenient for the other SPs in the family (and, if possible, in the household). You should encourage SPs to come together to the examination center. Experience indicates that SPs are more likely to keep their appointments if they come with other household members.

Then, upon completion of the questionnaires for **all** SPs, **formally** schedule a time and date by completing the Appointment Module (see step #6 in Section 8.3) and telephoning the field office to arrange for all SPs to come to the examination center together. Keep in mind the importance of appropriate scheduling for fasting. If it is not possible to schedule all the SPs for one session, schedule appointments when it is most convenient for each SP to get to the MEC.

3. TWO OR MORE SPS IN THE HOUSEHOLD—NOT ALL SPS AT HOME DURING YOUR VISIT. When one or more SPs are not at the household at the time of your contact, complete the SP Questionnaires for all SPs who are present and set up examination appointments for those interviewed.

On occasion the SP(s) interviewed may indicate that s/he would like to set up an appointment for one or more absent SPs (i.e., husband wants to be sure of securing an appointment at the same time for his absent wife, mother wants to insure a convenient time slot for herself and her daughter who is not at home). Go ahead and schedule a tentative appointment with the stand field office. Be sure to inform the office of this situation (tentative appointment) and remember that you must set up an appointment to conduct the SP interview **before** the examination appointment date and confirm the examination appointment at that time. (Keep in mind that the Family Questionnaire should be completed if an eligible respondent representing the family unit is present.)

If you need to return to a household to both interview and schedule an appointment with one or more absent SPs, be sure to establish a time for recontacting absent members of the household. Remember that recontact with a household in order to interview an absent SP is only mandatory for those 16 years of age or older. For SPs birth through 15 years old, an eligible adult family member must respond to the SP Questionnaires. An adult may schedule MEC appointments for an absent SP birth

through 15 years old but older youths (7-17 years old) must sign an assent form in the presence of either the interviewer or MEC staff, so you will need to verify the appointment by telephone and make sure the respondent knows that the assent form must be signed in the MEC.

8.3 Specific Procedures

Whether you establish an appointment with all SPs during one visit or must return to the household on subsequent calls, the procedure for setting up the appointment is the same. Below is a step-by-step process you should follow when scheduling appointments:

1. Inform the SP that S/he Has Been Randomly Selected to Participate in a Health Examination

No formal statement is provided for you, however, it is important that your brief introduction include the following points:

- **Thank** the respondent for his/her cooperation in the household interviews.
- **Inform** the respondent that the U.S. Public Health Service cannot learn all they need to know about the health of the U.S. population from interview questions alone. Actual measurements and test results obtained through a physical examination are also needed. (REFER RESPONDENT TO APPROPRIATE SP CONSENT BROCHURE.)
- Remind the respondent that the second phase of this important study consists of a **free examination** for the preselected household members (NAME SPS). It is especially important to emphasize that the exam is free since some respondents refuse the exam out of fear that they will be billed for the exam later.
- Mention that s/he will be **furnished with pre-paid taxi service or reimbursed for transportation to and from** the MEC and establish what the transportation needs for each selected household member will be. The transportation compensation plan is detailed in Section 5.7.

In special cases (a very elderly SP, a handicapped individual, or any other SP who you feel would not attend the examination otherwise), you should offer to provide transportation yourself or simply say that you will pick up the respondent(s) at a given time. However, remember, your personal services as a driver should not be routinely offered since this would make it impossible to meet our interviewing goals.

- Point out that **compensation** will be paid to each SP at the MEC upon completion of the examination. (REFER RESPONDENT TO THE APPROPRIATE SP BROCHURE.) The compensation plan is detailed in Section 5.7.

As noted in the brochure, this compensation is paid in appreciation of the respondent's time and interest in the examination and his/her availability during the preselected time slots.

- If the SP has child care problems, indicate that s/he can be **reimbursed at the MEC for babysitting expenses** incurred during the visit to the MEC.

In certain situations we may also pay for adult care of elderly or serious handicapped persons who cannot be at home by themselves.

- A family is eligible for the Non Parental SP incentive if neither parent is an SP. This one time payment is to encourage parents who have not been chosen to complete the questionnaire and escort their child/ren to the examination.
 - A dietary phone followup will be conducted with all SPs three to ten days after their MEC examination. They will be asked the same questions that they were asked during their primary exam.
 - Persons 2 years of age and older will be asked to participate in a special study to test the use of a food frequency questionnaire. It will take 20-30 minutes to complete the questionnaire. If selected, they will be contacted by mail to complete the questionnaire at home and return the completed form to our office.
 - Parents of children 8-15 will be asked to answer the same mental health questions asked of their child during their MEC exam. The mental health interview will be conducted by phone within a month after the primary exam.
 - If a youth or his/her parents or guardians are concerned about missing classes either because of the difficulty involved in making up assignments or because of school regulations, and Saturday or evening sessions are not feasible, inform the respondent that we can **notify the school**. (Details are in Section 8.3, step #8.)
 - Leave a water collection kit with each VOC eligible SP and review collection instructions. (The VOC procedure is detailed in item 12 on page 8-59.)
2. **Inform the SP That Their Household Has Been Randomly Selected for Morning Fast or Afternoon/Evening Fast**

The Household ID Label on the Household Folder will indicate the randomly selected sample for which the household has been selected (Exhibit 8-3). Households have been randomly divided into the morning and afternoon/evening samples so that valid national estimates can be made for various biochemical blood tests based upon time of day. You should look at this label to note the sample in which the household falls **before** beginning discussion with the SP or SPs about appointment times. The label will contain an "M" for a morning appointment and an "A/E" for an afternoon or evening appointment. It is extremely important that **SPs 12+ years** who are in the morning sample schedule a morning appointment, at approximately 8:30 a.m. Further it is extremely important that **SPs 12+ years**

Exhibit 8-3. Household ID Label on Household Folder

ASSIGNMENT BOX	
Stand: 998 Seg: 4 Serial: 6 82 Market St Rose Hill MD 20858 MISSED DU:	M

ASSIGNMENT BOX	
Stand: 998 Seg: 1 Serial: 9 8724 Drexel Hill PL Deal MD 20879 MISSED DU: Check for any DUs in this building that are not on the listing sheet.	A/E

who are in the afternoon/evening sample schedule an afternoon appointment at approximately 1:30 p.m. or an evening appointment at approximately 5:30 p.m. Children under the age of 12 and diabetics on insulin may schedule an exam at any time of the day, although SPs within a family are encouraged to come to the MEC together if at all possible. Allow SPs 12+ to make appointments at nonpreselected times only if they refuse to come in during the preselected times.

3. Ask the Respondent to Read and Sign the Appropriate SP Consent/Assent Brochure

The brochure consists of several pages of informational text and a Consent/Assent Form which is the last page of the brochure. There are **two** separate SP Consent/Assent Brochures:

- A MEC Consent/Assent/Parental Permission Brochure for SPs 12 years or older and parents of SPs under 18; and
- A Child MEC Assent Brochure for SPs 7-11 years old.

The sequence of pages within the brochure and the placement of the consent/assent form as the last page ensures that the SP and/or the parent of the SP has read the text of the brochure before s/he signs the Consent/Assent form. The paragraphs that follow provide a specific explanation of each brochure and form.

SP Consent/Assent/Parental Permission Brochure (SPs 12+ and Parents of SPs under 18) – Exhibit 8-4

The text of this brochure addresses 3 general topics:

- Questions and answers directed towards a general explanation of the structure and goals of the survey;
- Questions and answers directed towards the examination process, how they will be used and the voluntary nature of the study; and
- An explanation of the health examination including the specific examinations SPs in each age group will receive and which exam results will be reported to the SP.

The brochure contains pictures of a diverse group of people in various interview and examination situations.

The **Consent/Assent and Parental Permission for the Examination at the Mobile Examination Center** is the back page of this brochure and is printed on 3-part paper. An example of the text of this appears on page 8-26.

The Form has several areas **for signatures**. Use the following guidelines to complete the signature process.

For SPs 0-6 Years Old

- **Print** the name of the SP on the line provided.
- Have the **parent or guardian** of the SP read the statement, **sign** and date the form, in the area labeled "**For the Parent or Guardian of the Survey Participant who is Under 18 Years Old**".
- If the parent does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 7-11 Years Old

Follow the signature rules mentioned previously for SPs 0-6 in gaining parental/guardian permission for SPs 7-11 to be examined. Note: In addition, an SP who is 7-11 years old must read and sign a separate Child Assent Brochure and Assent Form tailored to younger children. This brochure is explained on page 8-16.

For SPs 12-17 Years Old

- **Print** the name of the SP on the line provided.
- Have the **parent or guardian** of the SP read the statement, **sign** and date the form in the area labeled **"For the Parent or Guardian of the Survey Participant who is Under 18 Years Old"**. This form must be signed by the parent or guardian unless the SP is an emancipated minor (a person under 18 who lives alone or only with other persons under 18 or a person who is or has been married). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears next to the statement in parentheses that says, "Unless the participant is an emancipated minor" next to the general heading for the parents and guardian signature.
- If the parent does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Have the **SP** read the statement, **sign** and date the form in the area labeled **"For the Survey Participant who is 12 Years Old or Older"**.
- If the SP does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment). Note that SPs who are 12-17 years old must sign the form in the **presence of the interviewer**. The form **cannot** be left with the respondent for the child to sign and bring to the MEC. If the child is not at home, he or she must sign the form in the MEC before the exam can take place. Under these circumstances it is acceptable for the child to sign a separate (new) form when he/she arrives at the MEC.

For SPs 18+

- **Print** the name of the SP on the line provided.
- Have the **SP** read the statement, **sign** and date the form in the area labeled "**For the Survey Participant who is 12 Years Old or Older**".
- If the SP does **not** wish to receive the results of the exam, s/he must check the box next to the statement provided.
- Sign your name on the line entitled "Signature of staff member" and date the form.
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the whole brochure to him/her in the presence of a witness. If a respondent cannot read or write, have a witness testify that the respondent has been read the form information and consents to participate in the examination. In both cases, print the full name of the witness on the appropriate line and date the form.
- Record the SPs 6 digit SP ID number. You will obtain this number from the field office (usually when you call to make an appointment).

Child SP Assent Brochure (SPs 7 through 11) – Exhibit 8-5
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The purpose of this brochure is to inform the child SP who is between the ages of 7-11 about the health interview and health examination and to ensure that s/he **agrees** to be examined. You should give the brochure to the child. The text of the brochure must be reviewed by the child OR the interviewer must review the brochure with the child.

This brochure is much shorter than the Consent/Assent/Parental Brochure. The basic concepts of the study are very simply stated and the language in the text has been simplified so that it is more appropriate for young children.

The **Assent Form** that appears on the back of the brochure should be read and signed by **the child**. The rules for signing the form are the same as those for the Adolescent Assent Form. The form must be signed in the presence of the interviewer or the MEC staff. It **cannot** be left with the parent for the child to sign and bring to the MEC. The Child Assent Form appears on page 8-33.

The back page of the Child Assent Form is an area for signature. Use the following guidelines to complete the signature process:

- Have the child sign the form on the line entitled "Signature of participant 7-11 years old";
- Print the full name of the child on the lines provided;
- Sign and date the form on the appropriate line; and
- Print the child's SP ID in the space provided.

Allow the respondent adequate time to read the appropriate brochure including the Consent Form **thoroughly**. After the respondent has completed the form, review it carefully to assure that all appropriate information has been filled out completely.

Remember the **parent** or **guardian** of the child must read the SP Consent/Assent/Parental Permission Brochure and sign the Consent/Assent and Parental Permission Form before the child is examined.

We are not allowed to conduct any examination module on any person who has not had an opportunity to read the appropriate consent brochures and signed the appropriate consent/assent/parental permission forms.



National Health and Nutrition Examination Survey

Examination Consent



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

What is the National Health and Nutrition Examination Survey (NHANES)?

NHANES is a survey conducted by the National Center for Health Statistics (NCHS). NCHS is a part of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

We select a sample of people in towns and cities across the country to be part of the survey. Each year of the survey, we will examine about 5,000 people in 15 different sites. NHANES programs began in the early 1960s. The current survey began in 1999 and will now be an ongoing program. More than 130,000 persons have been part of past NHANES programs.



We have designed the study to learn about the health and diet of people in the United States.

Our survey is unique. It combines a home interview with health tests, which we do in mobile units. These special exam centers travel the country with a highly trained medical team. Our team conducts an exam that looks at special health topics. They use the most up-to-date methods and equipment for medical and dental exams, and other lab tests.

We will use the data gathered in this survey to assess the number of people with certain health problems — for example, diabetes and high blood pressure. We will look at diet and other habits that affect health, such as smoking and exercise. NHANES data will describe the health and nutrition of people of all ages. It will also help design health programs and services, and expand our knowledge about the health of people in the United States.

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Why were you selected?

We picked you and your household in a carefully designed sample of people living in the United States. We cannot choose someone in your place because no one has the same health profile as you. Having you as part of our survey will help make our information complete. We will add the data from your interview and exam to that from all others who join in this study. That data will give us a big picture of our nation's health.

You may choose to take part in the survey and you may permit your child to join in. That is your choice. No penalties or loss of benefits will come from refusing to take part. You may refuse any part of the exam and are free to drop out anytime. Also, during the interviews you may choose not to answer any question.

What do you gain by taking part in the survey?

- ☐ Free health test results, perhaps some of major value to you
- ☐ The chance to help learn more about the health of the nation
- ☐ A cash payment to thank you for your time and effort

Are the data we collect confidential?

We respect your privacy. Public laws keep all information you give confidential.

We will hold all data we collect in the strictest confidence. We gather and protect all data in keeping with the requirements of Federal Laws: the Public Health Service Act (42 USC 242k) authorizes collection and Section 308(d) of that law (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A) prohibit us from giving out information that identifies you or your family without your consent. This means that we cannot give out any fact about you, even if a court of law asks for it. However, if we find signs of child abuse during an exam, we will report it to the local department of social

services or appropriate law enforcement agency. We will keep all survey data safe and secure. When we allow researchers to use survey data, we protect your privacy. We assign code numbers in place of names or other facts that could identify you.



What about the exam?

Our interviewer will ask you to make an appointment for the exam at the mobile exam center. Our medical team will collect health data by examining you, doing lab testing, and asking questions about your health. No internal exam is included. No drug testing will be done. We may ask you to prepare for the exam by fasting for a short time. The exam may take from 2-1/2 to 4 hours for those 12 and older and 1-3 hours for younger children. The time depends on the age of the person examined, since some procedures are done only for certain ages. (For a full list of procedures, see page 5.)

Reports of Exam Findings

The survey exam does not replace regular health care. However, you will get some exam results at the exam site. If the exam reveals urgent health problems, we will notify you at once and refer you for treatment. If some urgent problem is found through your lab tests, right away we will send that information in a letter to your home address. If you wish, we



will mail the routine findings report to you about 12-16 weeks after the exam. In general, we give results only to the person examined or to the parents/guardians of children. Some results, such as sexually transmitted disease (STD) tests, are given in special ways explained below. We will not give you results from some tests because they will be used only for research. NHANES does not cover the cost of any health care you may decide to seek after the exam.

Safety of Tests

We chose the tests and measurements because they are safe. As in any other exam like this, some procedures may give slight discomfort. Examples are collecting a blood sample or doing the dental exam. For the blood sample, a person will have a small amount of blood drawn from a vein in his/her arm with a needle. We will not ask you to have any test or procedure that is wrong for you because of a health problem or condition.

We will give bone density tests that involve low-dosage x-rays to persons 8 years old and older. Radiation exposure during this test is equal to a cross-country airline flight or a few days of natural background radiation. But because the bone density scan involves x-rays, no one who is pregnant should get this exam. We will obtain information about periods from girls and women, and those who have started their periods will have a urine pregnancy test. Those with a positive test

will not have the bone density scan. Also, pregnant women and girls will not have fitness testing if they are in their second or third trimester. We report positive test results only to the person tested if she is 14 years old or older. If a girl is under 14 and has a positive pregnancy test, we will inform both her and her parent/guardian.

Private Health Interview

At the exam center, all persons who are 12-59 years old will be asked some personal questions in complete privacy. You will be alone in a room. The questions will be on computer screen. You respond by touching an answer on the screen. Your answers are completely confidential. We ask these questions because some behaviors relate to people's health. Persons are asked about sexual experience and the use of illegal drugs.



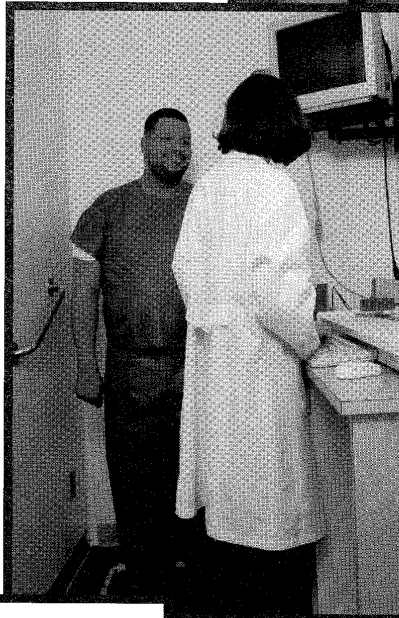
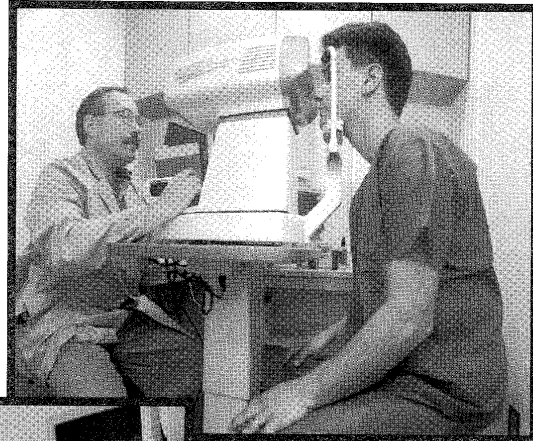
Also, our staff will ask persons who are 8-39 years old some questions about their feelings and behavior. If you are 15 or younger, a staff member will call your home after your exam to ask your mother (or other caretaker) these same questions about you.

4

If you are the parent/guardian of a child age 8-15 who is seen in NHANES, you will receive a phone call within a few weeks after the exam. Our staff will ask you questions about your child's feelings and how he or she is behaving at home and school. The interview will take about 1/2 hour. Your permission for your child's exam also gives consent for this phone call.

Tests for Reproductive Health and Sexually Transmitted Disease (STD)

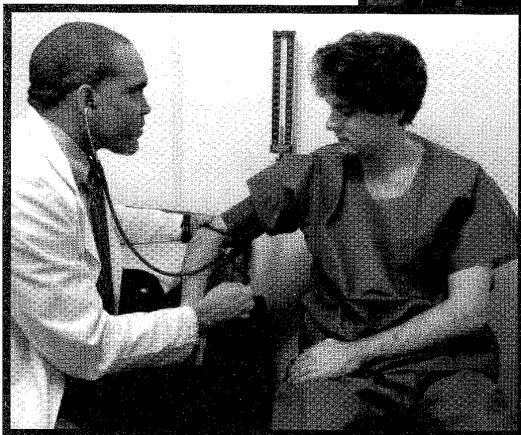
Females aged 14-59 years will be asked to do private, self-administered, vaginal swabs. Depending on age, these swabs will be tested for bacterial vaginosis and two sexually transmitted germs: *Trichomonas*, and human papillomavirus (HPV). In addition, all persons 14-49 years will have their blood and urine tested for STDs. Depending on age, tests will be for some or all of these diseases: chlamydia, gonorrhea, herpes, syphilis, and HIV. We will not put these results in writing, but you can get reproductive health and STD test results a few weeks after the exam. Before leaving the exam center, you will receive a toll-free number, a password, and the dates to call for



your results. Only you will get your test results by calling in and telling us your password. Parents will not be informed of their child's STD test results. If your test results show that you have a current health problem, we will talk with you about the results and tell you how to seek treatment. We will keep all STD/HIV test results completely private, just like all other test results. If you do not want to be tested, you can tell a staff member.

Digital photographs of your skin

Health technicians will use a digital camera take four photos, or images, of the skin of adults. No images will be taken of the face. We will only take pictures of the back, arms, hands, and legs. We will send images to a skin doctor who will look for two skin conditions, psoriasis and hand dermatitis. If a skin condition that needs follow-up is seen, we will notify you by mail. Some skin conditions, including skin cancer, may not be visible in the photos. Better ways of finding skin conditions in images may be developed in the future, and your images may be looked at again. We will not report results of future readings to you.



The NHANES Exam

Health Measurements

- * Doctor's exam - all ages
- * Blood pressure - ages 8 years and older
- * Body fat - ages 8 years and older
- * Bone density - ages 8 years and older
- * Oral health exam by a dentist - ages 2 years and older
- * Vision test - ages 12 years and older
- * Hearing test - ages 20-69 years
- * Fitness test - ages 12-49 years
- * Height, weight, and other body measures - all ages
- Balance - ages 40 years and older
- * Leg circulation & sensation - ages 40 years and older
- * Skin conditions (hand dermatitis and psoriasis) ages 20-59 years

Lab Tests on Urine: (6 years and older)

- Kidney function tests - ages 6 and older
- *** Sexually transmitted disease (STD)
 - Chlamydia and gonorrhea - ages 14-39
 - Human immunodeficiency virus (HIV) - ages 18-49 (only if no blood is drawn)
- ** Exposure to environmental chemicals - selected persons ages 6 and older
- ** Pregnancy test - females 12-59 and girls 8-11 who have periods
 - ages 13 and under
 - *** - ages 14 and over

Lab Tests on Blood: (1 year and older)

- * Anemia - all ages
- * Cholesterol - ages 3 and older
- * Glucose measures - ages 12 and older
- Markers of immunization status - for ages 6-49
- ** Infectious diseases - ages 2 and older
- * Kidney function tests - ages 12 and older
- * Lead - all ages
- ** Cadmium - all ages
- ** Mercury - ages 1-5 and females ages 16-49
- * Liver function tests - ages 12 and older
- Nutrition status - all ages
- * Hormone tests - ages 12 and older
- * Prostate Specific Antigen (PSA) - males ages 40 and older

Lab Tests on Blood: (1 year and older) ... continued

- Sexually transmitted diseases (STD)
 - *** Herpes type 2 - ages 14-49
 - *** Syphilis and human immunodeficiency virus (HIV) - ages 18-49
 - Human papillomavirus (HPV) antibody ages 14-59
- ** Exposure to environmental chemicals - selected persons ages 6 and older

Lab Tests on Water

- ** Environmental chemicals - selected persons ages 20-59 years

Other Lab Tests

- *** Vaginal swabs (self-administered) - females ages 14-59 years
- Bacterial Vaginosis and *Trichomonas* - ages 14-49 years
- Human papillomavirus (HPV) - ages 14-59
- Nasal swab - ages 1 year and older
- Test for an antibiotic-resistant germ

Private Health Interviews

- Health status - all ages
 - (parent answers for ages 11 years and younger)
- ** Mental health - ages 8-39 years
- Questions about drug and alcohol use - ages 12 and older
 - (No drug testing will be done)
- Nutrition - all ages
- Physical activity - ages 12-15 years
- Reproductive health - females ages 12 years and older
- Questions about sexual experience - ages 14-59 years
- Tobacco use - ages 12 years and older
- Oral health - ages 16 years and older

* Results reported to you or to your child and you
 ** Results reported only if positive (or abnormal)
 *** Results reported only to person tested

6

After your visit to the NHANES exam center:

Persons asked about the foods they eat will receive a phone call 3-10 days after their exam for a similar interview. In addition, a food questionnaire will be mailed to your home. Adults and parents of children two years old and older are asked to complete this questionnaire and return it to our office in a prepaid envelop provided. The questions will take 20-30 minutes to answer.

Persons six years old and older will be asked to wear a physical activity monitor. Exam staff will give you the monitor at the exam. You will wear the monitor at home for seven days and fill out a Daily Log about your activities. Parents or guardians will assist children 6-11 years old. The Daily Log and Monitor will be returned to our office in a prepaid envelope provided.

Persons who test positive for hepatitis C will be called for a brief phone interview six months after the exam. Parents will respond for children. Men with a high PSA test result will be called for a brief phone interview six months after the exam.

Taking part in these interviews and health exams after your visit to the exam center is voluntary.

How are NHANES data used?

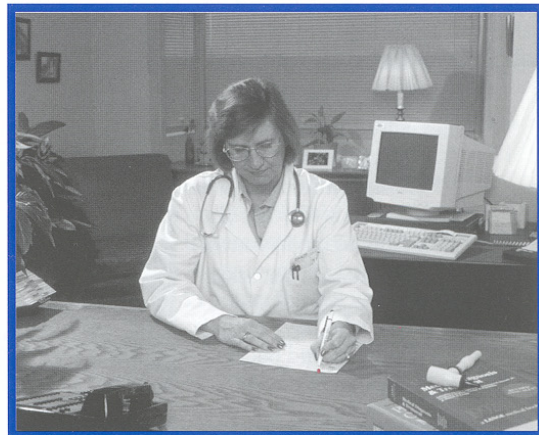
What you tell us, your exam findings, and samples you give are a rich resource for health science. Many Federal agencies, universities, and other public and private groups use NHANES data. They use it to help find new cures and treatments for diseases and disabilities. The aim is to enhance the health of all people. Results of this survey may be reported in journals, at major meetings, or through other news media. None of these reports will ever name or use data that can point to any person who took part in the survey.

Many of the National Institutes of Health help us in this survey. The U.S. Department of Agriculture is our partner in planning how to get data on the foods you eat. We share with them the task of looking at people's diets in the United States.

The U.S. Environmental Protection Agency is another of our many partners. Your survey data helps study harmful effects of being exposed to environmental hazards.

Combining NHANES results with other facts about you can be useful. An example of this is using Social Security numbers to link survey data with vital statistics and other health records. Also, we may need to contact you in the future. To do this we would ask public or private agencies, such as the Post Office, to provide changes in your address.

In the past, we have had the chance to call or revisit people who took part in this survey. We may contact you in the future to ask you to be part of other research projects.



More questions?

Our survey representative can discuss other questions or concerns or give you other printed matter that can help. She or he can give you a phone number in your area that you can call for more facts about the survey. Also, you can make a free call to Dr. Kathryn Porter of the U.S. Public Health Service to discuss any aspect of the survey. She can be reached at 1-800-452-6115, Monday-Friday, 9 AM - 6 PM EST. You may also contact her regarding any survey-related injury. You can also get answers to your questions by mail (Room 900, 6525 Belcrest Rd., Hyattsville, MD 20782). If you have questions about your rights as a participant, call the Institutional Review Board Chairperson at 1-800-223-8118.

Mobile Examination Center (MEC) Diagram

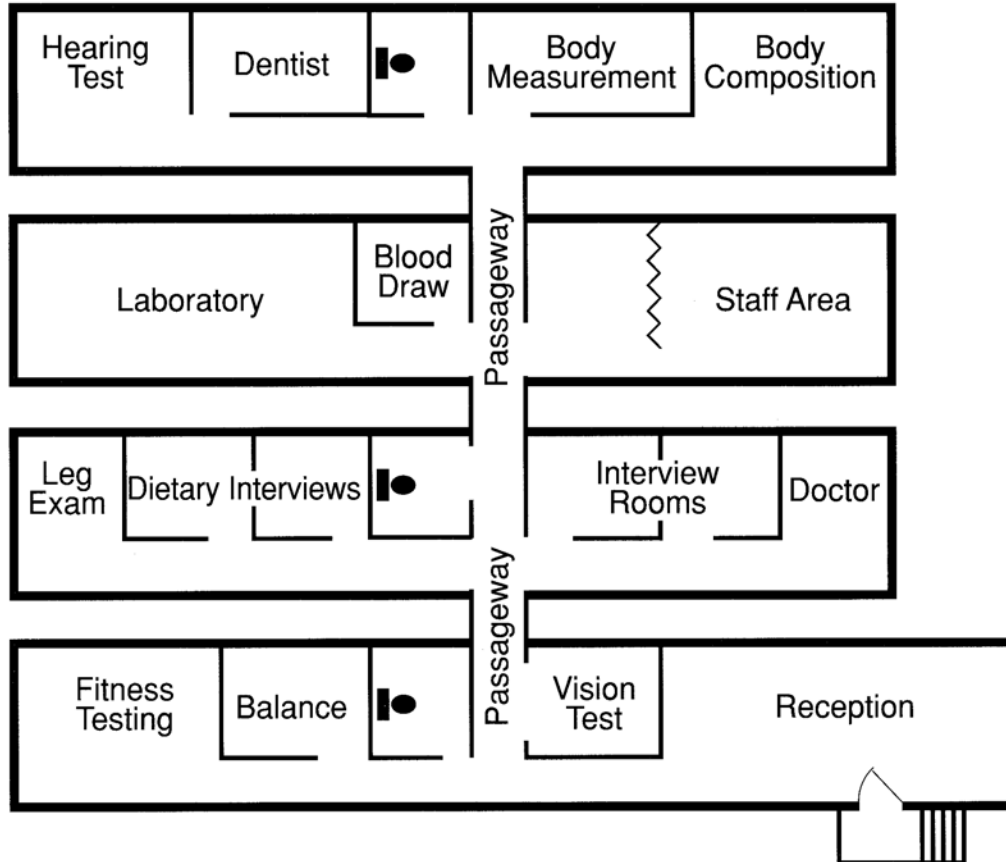


Exhibit 8-4. SP Consent/Assent/Parental Brochure (continued)

#3

FORM APPROVED: OMB # 0920-0237

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant _____
First Middle Last

The attached brochure gives the details about National Health and Nutrition Examination Survey (NHANES). After reading the information provided, please complete the form below.

For the Parent or Guardian of the Survey Participant who is Under 18 Years Old: (unless the participant is an emancipated minor ☐):

I have read the information in the attached NHANES brochure, which explains the nature and purpose of the survey. I freely choose to let my child take part in the survey.

Signature of parent/guardian of participant Date

If you **do not want a written report** of your child's exam results, check here ☐.

For the Survey Participant who is 12 Years Old or Older:

I have read the information in the attached NHANES brochure, which explains the nature and purpose of the survey. I freely choose to take part in the survey.

Signature of participant Date

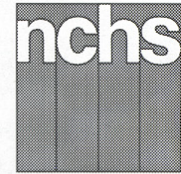
If you **do not want a written report** of your exam results, check here ☐.

Signature of staff member Date Witness (if required) Date

SP ID

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1800 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

National Health and Nutrition Examination Survey



From the Centers for Disease Control and Prevention/National Center for Health Statistics

Examination Assent Brochure

7-11 years of age



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Exhibit 8-5. Child SP Assent Brochure (continued)

This booklet contains facts for you about the
National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) studies the health and diet of people in this country.



We go all over the United States in these vans.

The survey will look at how young people grow and develop. We will look at special health problems that may affect kids.

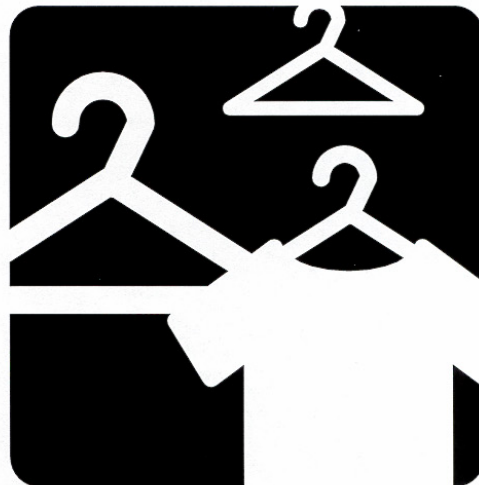
2

Our survey wants you to come to this exam center. Your exam will help us find out more about the health of children your age.

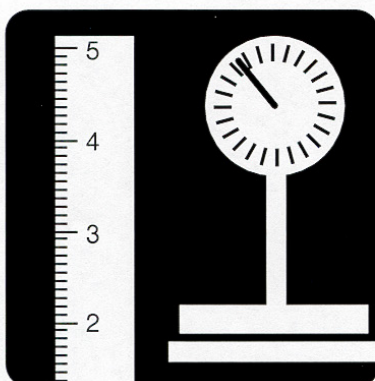
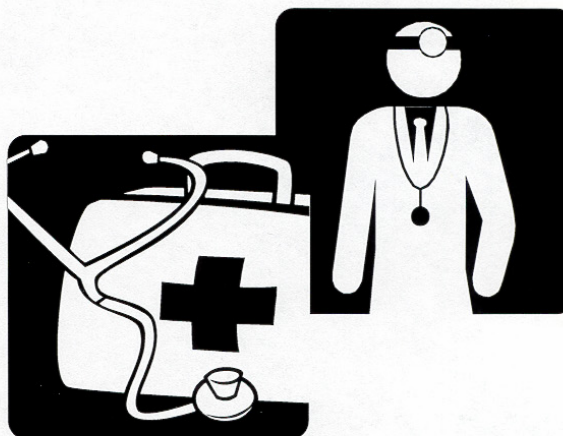


We will ask questions about what you eat and drink.

You will change into special exam clothes at the exam center.

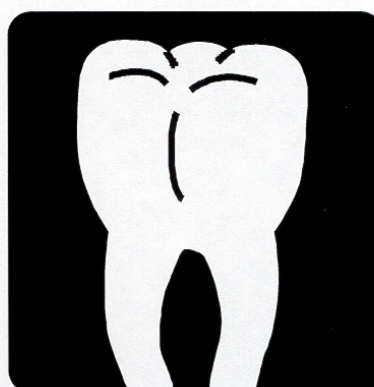


Our doctor will take your
blood pressure.



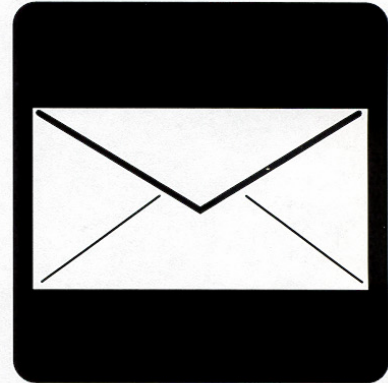
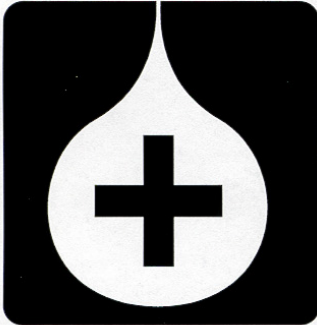
We will see how much you
weigh and how tall you are.

Our dentist will look at
your teeth.

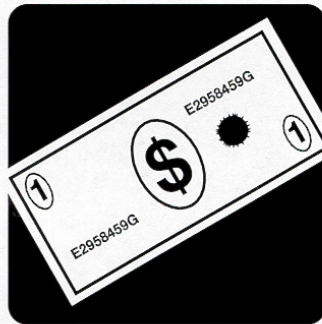


4

We will check your blood and urine in our lab.



We will send you and your parents a report on your exam.



We will give you money to thank you for helping us with our survey.



Our staff will answer any questions you have.

We would like you to go to our mobile exam center vans for an exam. You will help us learn more about all children in the United States.

If you are 8 years or older, we will ask you about your feelings and about how you have been doing at home and school. Your mother (or other grown-up) will be called to answer these same questions about you.

Exhibit 8-5. Child SP Assent Brochure (continued)

#4

OMB # 0920-0237

National Health and Nutrition Examination Survey (NHANES)

Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

Signature of participant 7-11 years old

Print name of participant

Signature of staff member

Date

SP ID

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1800 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

4. Ask the Respondent to Read and Complete the Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies (Exhibit 8-6)

As scientists learn more about health, important new research projects can be done using specimens (blood and urine) that are stored in a controlled environment. For this reason, we will ask to keep some of the SP specimens given during the time of the MEC examination for continuing studies. No specific studies are planned, however, as new ways to measure health and disease are discovered, other studies may be conducted that will add to the knowledge of the treatment and causes of disease.

All SPs who consent to the examination that includes blood and urine collection will be asked permission to keep blood and urine samples collected during the MEC examination for continuing studies.

The rules for signing this form are similar to those used for signing the MEC Examination Consent/Assent/Parental Permission Forms. However, **in rare situations**, if the respondent refuses to check the items on the form or sign the form, s/he **should continue to be appointed to the MEC**. In this case the SPs specimens will not be kept.

The text that follows provides a specific explanation of the form.

The form is divided into three general areas:

- **Questions and answers directed toward the goals and procedures of specimen storage**—Allow the SP time to read the text of each question and answer.
- **Statements and Required Check Boxes**—This part of the form contains two separate statements:
 - Two regarding permission to keep the SP's specimens for future health studies—one worded for the SP and the other worded for the parent of the SP.

The SP and/or parent should read the appropriate statement and indicate whether s/he agrees to each by checking the box next to the statement. The SP and/or parent should then sign the form. **Note: If the SP or parent does not grant permission to keep specimens (box is not checked), then no signature is required. In this instance, the interviewer should record "Refused" in the space provided for the appropriate signature.**

Specific rules for completing the form are discussed below.

For SPs 0-6 Years Old

- The text of the form must be fully reviewed by the parent.
- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check this box". If the parent/guardian **agrees** to have the child's specimen kept, s/he should **check** the box provided.
- If the box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the box is **not** checked, record "Refused" in the space provided for the signature and record the date.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

The form is considered complete when all appropriate signatures have been obtained or when the word "Refused" is recorded in the space for the signatures. The SP specimens will not be kept if the appropriate box is not checked.

For SPs 7-17 Years Old

- The text of the form must be reviewed by the child or the interviewer must review the text with the child. The text must also be reviewed by the parent/guardian of the SP.
- Have the SP read the statement printed under the label "For persons ages 7 and over, check this box". If the SP **agrees** to have his/her specimens kept, s/he should **check** the box provided.
- Have the parent or guardian of the SP read the statement printed under the label "For parent/guardian of child under the age of 18, check this box". If the parent/guardian **agrees** to have the child's specimen kept, s/he should **check** the box provided. Note a parent or guardian must check this box unless the SP is an emancipated minor (see instructions for emancipated minors under the instructions for the parent/guardian signature).

- If the SP's box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the appropriate SP's box is not checked, record "Refused" in the space provided for the SP's signature and record the date.
- If the parent's box is checked, have the **parent/guardian sign** on the appropriate signature line ("Signature of parent/guardian of participant under 18") and record the date. If the parent's box is not checked, record "Refused" in the space provided for the parent's signature and record the date. Note that this form must be signed by the parent/guardian unless the SP is an emancipated minor (a person under 18 who lives alone or with other persons under 18 or who is or has been married). If the SP is an emancipated minor, the "emancipated minor" box **must** be checked. This box appears in parentheses next to the statement, "Unless the participant is an emancipated minor" under the parent/guardian signature line.
- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

Note: The form must be signed by the child in the presence of the interviewer or MEC staff in order to be considered complete. The form cannot be left with the parent for the child to answer and sign. It is acceptable for the child to sign a separate (identical) form in the MEC if s/he was not present to sign it in the presence of the interviewer. Also note that in order to keep the child's specimens for future research, **both** statements (one for the child and one for the parent/guardian) **must be checked**. The form is considered complete when all appropriate signatures and dates have been obtained or when the word "Refused" is written in the space for signatures.

For SPs 18 Years or Older

The text of the form must be fully reviewed by the SP.

- Have the SP read the statement printed under the label "For persons ages 7 and over, check this box". If the SP agrees to have his/her specimens kept, s/he should check the box provided.
- If the "7 or over" box is checked, have the **SP sign** on the appropriate signature line ("Signature of participant age 7 and over") and record the date. If the box is not

checked, record "Refused" in the space provided for the SP's signature and date the form.

- Sign your name and date the form under the line entitled "Signature of staff member".
- "Witness (if required)" refers to any witness used during the consent process. For example, if a respondent cannot read, read the text of the form to him/her in the presence of a witness. If the respondent cannot read or write, have a witness testify that the respondent has been read the form information and the appropriate statements. In both cases, print the full name of the witness on the appropriate line.
- Record the 6 digit SP ID on the lines provided. You will obtain this number from the field office (usually when you call to make an appointment).

This form is considered complete when all appropriate signatures are obtained or when the word "Refused" is recorded in the space(s) provided for the signature. **The SPs specimens will not be kept if the appropriate box(es) is not checked.**

The SP should continue to be appointed to the MEC **regardless of whether s/he has agreed to specimen storage.**

A summary of the forms you should use to complete the examination consent process appears as Exhibit 8-7. This summary also appears on page 2 of the Household Folder and in your hand cards.

Exhibit 8-6. Consent/Assent and Parental Permission for Specimen Storage and Continuing Studies

#5

FORM APPROVED: OMB # 0920-0237

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) CONSENT/ASSENT AND PARENTAL PERMISSION FOR SPECIMEN STORAGE AND CONTINUING STUDIES

Print name of participant _____
First Middle Last

Q Why will a sample of blood and urine be kept for future health studies?

A We would like to store some of the urine and blood from persons who are examined in NHANES for future health studies. These samples will be frozen and kept in a specimen bank for as long as they last.

Q What studies will be done with the samples?

A At this time, no specific studies are planned besides the tests included in the NHANES exam. As scientists learn more about health and diseases, other studies will be conducted that may include stored samples. People conducting these studies will not contact NHANES participants for any additional information.

We will keep strictly private all health data and samples that we collect in NHANES. Our staff is not allowed to discuss that any person is part of this survey under penalty of Federal laws: Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552A).

Q Who can use the stored samples for further study?

A Researchers from Federal agencies, universities, and other scientific centers can submit proposals to use the stored specimens. These proposals will be reviewed for scientific merit and by a board that determines if the study proposed is ethical. The NHANES program will always know which samples belong to you or your child, but we will not give other researchers any information that could identify you or your child.

Q Will I receive results from any future testing of my specimens?

A Most studies will simply add to our knowledge of health and disease. Therefore, we do not plan to contact you or your family with individual results from these studies. Periodically we will send a newsletter telling all NHANES participants about the studies being conducted. To get more general information about a particular study, you can call our toll-free number, 1-800 452-6115.

Q How can I remove blood, urine, or saliva samples from the specimen bank?

A In the future, if you want samples removed from the specimen bank, call us toll-free at 1-800 452-6115.

The results of continuing study of your stored specimens may help find new ways to prevent, treat, and cure many diseases.

For persons ages 7 and over, check this box

☐ I agree that my blood and urine (if applicable) may be kept for future health studies

For parent/guardian of a child under the age of 18, check this box

☐ I agree that my child's blood and urine may be kept for future health studies

Signature of participant age 7 or over _____ Date _____

Signature of parent/guardian of participant under 18 _____ Date _____

Signature of staff member _____ Date _____ Witness (if required) _____ Date _____

SP ID

Public reporting burden of this collection of information is estimated to average 6.6 hours per response for total participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

02-0588 (10/02)

Exhibit 8-7. Summary of Forms Used to Complete the Consent Process

SUMMARY OF FORMS USED TO COMPLETE THE CONSENT PROCESS

	Household Interview Consent	Dust Sample Consent	Transport	MEC Consent/ Assent	MEC Child Assent	Future Research Consent/Assent	VOC Materials
SP 0-11 Months	Signed by Parent	N/A	Signed by Parent	Signed by Parent	N/A	N/A	N/A
SP 1-6 Years	Signed by Parent	Signed by Parent (1-5)	Signed by Parent	Signed by Parent	N/A	Signed by Parent	N/A
SP 7-11 Years	Signed by Parent	N/A	Signed by Parent	Signed by Parent	Signed by Child	Signed by Parent & Child	N/A
SP 12-17 Years	Signed by Parent & Child (16-17)	N/A	Signed by Parent (12-15)	Signed by Parent & Child	N/A	Signed by Parent & Child	N/A
SP 18+ Years	YES	N/A	N/A	YES	N/A	YES	YES (20-59 IF SELECTED)

Place 1 consent/age group label for each SP below:

5. Arrange a General Appointment Date and Time for the Examination

Exams will start approximately three weeks after household interviewing begins. Thus, SPs who are interviewed at the beginning of the stand may have to wait up to three weeks for their exams. Generally, however, our goal is to schedule SPs for exams about 1 week following the SP interview. This allows the field office time to process the case and follow up with a reminder letter and phone call to the respondent. It is also close enough to the date of the original interview to sustain respondent interest in participation and thereby reduce the incidence of "no shows."

It is important for you to note, however, that it may not always be possible to arrange the exam appointment one to two weeks after the interview for a number of reasons.

- As noted above, the MEC is not in operation for the first few weeks of the interviewing period.
- The respondent may not be available during the period in question.
- As the field period progresses there will be fewer appointment slots available and respondents will have to be seen as the MEC schedule permits.

6. Complete the Appointment Process for the SP Using the CAPI Appointment Module

Once you have discussed some general appointment times and dates with the respondent, you are ready to access the CAPI Appointment Module screens. The items entered in this module are transmitted to the MEC when you upload information from your pentop during your visit to the field office. Many of these items are **critical** to the SP examination process. This module **must** be completed for each SP appointed during the appointment process, **before** your next visit to the field office. To access the module on your pentop, follow the steps below.

- Tap on the "INTERVIEWS" tab. This will bring you to the list of Screeners assigned to you.
- Tap on MEC Appts cases.
- Select the appropriate SP from your list of SPs by double tapping on the appropriate SP name.
- Double tap on the "Appointment" tab at the bottom of the screen.

The Appointment Module consists of four screens:

- Consent Screen;
- Name Check Screen;
- Report of Findings Screen; and
- Appointment Screen.

Each of these screens are designed to meet specific objectives related to the appointment process.

Consent Screens—Exhibit 8-8

The two Consent Screens have several purposes:

- They provide information to the field office and MEC about whether the SP wishes to receive a report of findings.
- They provide information to the field office and MEC about whether the SP is an emancipated minor (a person under 18 who lives alone or only with persons who are under 18 or who is or has been married).
- They provide a check to ensure the paper Consent Forms have been signed. CAPI will display only those forms applicable to the SP's age.
- They provide information to the Field Office and MEC about which consent forms are signed and, if applicable, which are missing.
- They provide information to the MEC about whether the SP (or parent) has agreed to specimen storage.
- If applicable, they document any modules of the exam the respondent does not want.

Exhibit 8-8. Consent Screens

MEC Appt., Exclusion Module

Report Of Findings:

Do you wish to receive a report of findings? Yes

IS SP AN EMANCIPATED MINOR? No

Help Spanish Next Page Print Close

Row: 0 Definition:

MEC Appt., Consent Module

Participant #: 601- 01-0001- 01- 03 **Age:** 14

GERTRUDE STEIN

Type of Consent		Consent Comment
MEC Consent/Assent Signed By Parent?	Yes	
MEC Consent/Assent Signed By SP?	Yes	
Future Research Consent Signed By Parent or REF?	Yes	
Future Research Box Checked By Parent?	Yes	
Future Research Consent Signed By SP or REF?	Yes	
Future Research Box Checked By SP?	Yes	
Authorization for Transportation Form Signed?	No	

WARNING - SP CANNOT BE EXAMINED WITHOUT SIGNED MEC CONSENT FORMS.
MEC CONSENT FORMS SHOULD BE SIGNED BEFORE APPOINTMENT IS MADE.

Help Previous Page Next Page Print Close

Row: 6 Definition:

Specifications for Completing the CAPI Consent Screens

DO YOU WISH TO RECEIVE A REPORT OF FINDINGS?

This item appears on the hard copy MEC consent form. Record whether the SP wishes to receive the ROF by selecting “YES” or “NO”.

IS SP AN EMANCIPATED MINOR?

This item appears on the MEC consent form. Record whether the SP is an emancipated minor (“emancipated minor” box checked on the MEC consent form) by selecting “YES” or “NO”. An emancipated minor is a person under 18 years old who lives alone or only with persons who are under 18 or a person under 18 years old who is or has been married.

TYPE OF CONSENT

Only the forms applicable will appear on the screen. Check that each applicable form is signed.

FUTURE RESEARCH BOX CHECKED

This item appears on the Consent/Assent/Parental Permission for Specimen Storage and Continuing Studies. Only those items applicable will appear. Record whether the SP/Parent **checked** the item by selecting "YES" or "NO" for each item.

CONSENT COMMENT

In the rare situations where a respondent consents to the exam, but refuses one or more of the modules of the exam (i.e., the eye exam), this should be noted here. Comments that could affect the SP's visit to the examination center (i.e., requires wheelchair, currently pregnant) should be recorded on the **appointment screen** which will be discussed later in this section.

When you have completed this screen, tap on the "NEXT PAGE" tab at the bottom of the screen to move forward.

Name Check Screen—Exhibits 8-9 and 8-10
--

The purpose of this screen is to ensure that the SP's name has been recorded as completely and accurately as possible. The name of the SP as you have recorded it in the SP Questionnaire will appear at the top of this screen. Check the SP's signature on the Consent Forms against this information and resolve any discrepancies.

Specifications for the Name Correct Screen

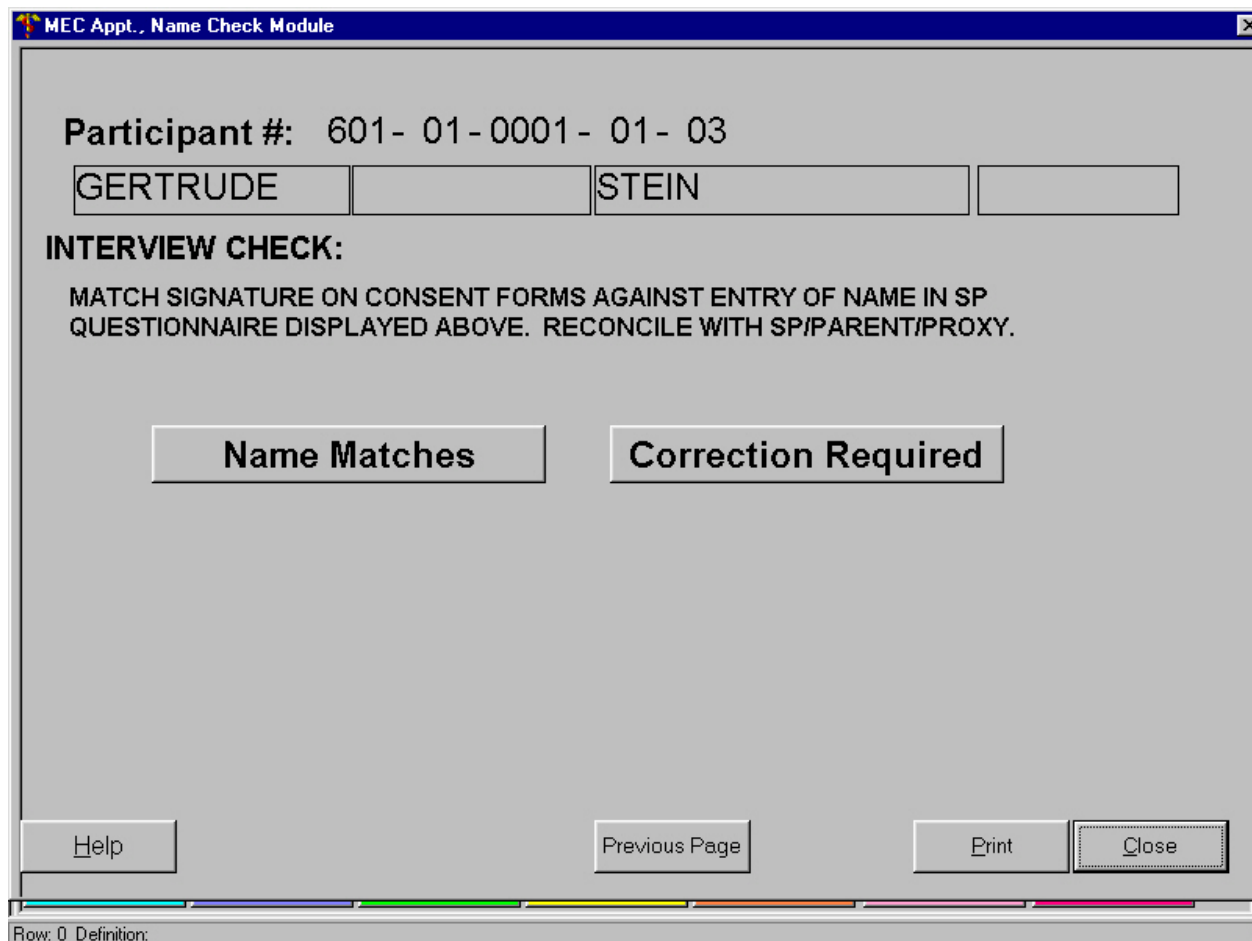
NAME MATCHES/CORRECTION REQUIRED

If the SP name as entered in the SP Questionnaire needs no correction, tap on the NAME MATCHES button. If the name needs correction, tap on "CORRECTION REQUIRED" button and an overlay screen will appear (Exhibit 8-14).

ADD/EDIT PERSON NAME

If you have selected "CORRECTION REQUIRED", this screen will display each part of the SP's name in separate fields. You may correct or add to the name by tapping on the appropriate field and using the keyboard to enter the correction. When you are finished making the correction, you **must tap on the "OK"** button to ensure that CAPI accepts the correction.

Exhibit 8-9. Name Check Screen



The image shows a software window titled "MEC Appt., Name Check Module". Inside the window, the "Participant #" is "601- 01- 0001- 01- 03". Below this, there are four text input fields containing "GERTRUDE", an empty field, "STEIN", and another empty field. A section titled "INTERVIEW CHECK:" contains the instruction: "MATCH SIGNATURE ON CONSENT FORMS AGAINST ENTRY OF NAME IN SP QUESTIONNAIRE DISPLAYED ABOVE. RECONCILE WITH SP/PARENT/PROXY." Below this instruction are two buttons: "Name Matches" and "Correction Required". At the bottom of the window are four buttons: "Help", "Previous Page", "Print", and "Close". A status bar at the very bottom of the window displays "Row: 0 Definition:".

MEC Appt., Name Check Module

Participant #: 601- 01- 0001- 01- 03

GERTRUDE STEIN

INTERVIEW CHECK:

MATCH SIGNATURE ON CONSENT FORMS AGAINST ENTRY OF NAME IN SP QUESTIONNAIRE DISPLAYED ABOVE. RECONCILE WITH SP/PARENT/PROXY.

Name Matches Correction Required

Help Previous Page Print Close

Row: 0 Definition:

Exhibit 8-10. Name Check Screen

MEC Appt., Name Check Module

Participant #: 601- 01- 0001- 01- 03

GERTRUDE STEIN

INTERVIEW

MATCH SIG
QUESTIONI

☐

Add/Edit Person Name

Name Prefix: MISS

First Name: GERTRUDE

Middle Name 1: ELEANOR

Middle Name 2:

Last Name 1: STEIN

Last Name 2:

Name Suffix:

OK
Cancel

Help Previous Page Print Close

Ready

The Appointment Screen—Exhibit 8-11

So far you have discussed some general appointment times with the SP, checked that all the necessary consent forms are signed and that the SP's name has been accurately recorded, and have confirmed the SP's request to receive a report of findings. You are now ready to call the field office to make the appointment. Ask the respondent if you may use his/her telephone to call the office and establish a final date and time for the appointment. During this call you will use the Appointment Screen.

The purpose of this screen is to ensure you have discussed all items necessary in the appointment process with the SP and that the telephone call you make to the field office for the appointment is conducted in an organized and efficient manner.

This screen contains all the key pieces of information needed to make a MEC appointment. You will be asked to provide the office with this key data during the appointment process. You must have the Appointment Screen in front of you during the appointment call, however, items should **not** be checked on the screen until you have **confirmed it with the SP and the field office**.

- **Participant Number, Fasting Requirements, Name, Age, and Gender** are prefilled from data previously obtained either as part of the stand survey control file or the household interview process.
- **Telephone Number, Language, and DOB (Date of Birth)** may also be prefilled if the SP questionnaire has been completed.
- **SP Type**—This will be prefilled with "Primary."
- **Session Booked**—Select the date and time (morning, afternoon or evening) of the appointment. Remember this information cannot be entered **until you have confirmed it with the SP and the field office**.
- **Child Care Needed**—Note if the SP will require child care reimbursement to attend the MEC session.
- **Transportation Type**—Enter the type of transportation the SP will use—If by taxi, you must give the appointment taker the address (home, work place, school, etc.) where the SP will be picked up and the approximate pick up and take home time so the taxi pick up can be scheduled accurately. As you give the appointment taker this information, check the appropriate box.
- **Transportation Payment**—If SP is driving him/herself to the MEC.

Exhibit 8-11. Appointment Screen

MEC Appt., Appointment Maker

Participant #: 601 - 01 - 0001 - 01 - 03 **SP Name:** STEIN, GERTRUDE ELE
Telephone #: - - **Language:**
Gender: Female **Age:** 14 **Fasting Req:** Afternoon/Evening
SP Type: Primary **DOB:**

Appointment Check List **Session Booked:** 12/13/99 Afternoon

Appointment Slip Reviewed: ☒ **Interpreter Type:** None
Trans. Type: Self **Trans. Payment:** ☒
Non-SP Payment: ☐

Trans Authorization Form: ☒
Child/Adult Care: ☐
Escort: ☐

**Special
Considerations**

Row: 0 Definition:

- **Non-SP Payment**—If no parent of a child aged 15 years or younger has been selected as an SP, the family is eligible for the Non Parental SP incentive. This one time payment is to encourage parents who have not been chosen to complete the questionnaire and escort their child/ren to the examination.
- **Special Considerations**—Note any special information about the SP that could affect his/her visit to the examination center. For example, the respondent has a physical or mental handicap (e.g., is extremely overweight, requires wheelchair, has dementia).

Obviously, some of these items will touch on sensitive areas, and you must use your discretion on what may be said in front of the SP. In addition, this information is known by you either through observation or because you were told by the SP. **DO NOT ASK ABOUT THIS TYPE OF SENSITIVE INFORMATION.**

BL = Blind
 CN = Cane Needed
 CR = Crutches
 DF = Deaf
 HI = Hearing Impaired
 LN = Lift Needed
 MI = Mental Impairment
 OB = Obese
 OP = Other Physical Impairment
 SA = Substance Abuse
 WL = Walker
 WC = Wheelchair

To add special considerations, first tap once on the box labeled 'Add Considerations'. The drop down list will appear. Select the appropriate code. You may access a description of each code by tapping once on the 'Help' button at the bottom of the screen.

- **Interpreter Type**—If an interpreter is needed, enter whether the interpreter is an NHANES employee (a professional interpreter) or Personal (someone who is not a professional—for example, someone in the family or a neighbor).
- **Authorization for Transportation**—If the SP is under 16 years old, check whether the Authorization for Transportation form has been completed.
- **Appointment Slip Reviewed**—After you have made the appointment and confirmed it with the field office, check that you have reviewed the information on the appropriate Appointment Slip with the respondent.
- **Phone**—Give the supervisor the SPs phone number.
- **Escort**—Note whether the SP will require an escort.

During the call you will **need to obtain** the SP ID # from the field office. This is a unique six-digit number given to each SP. This number must be placed on **every SP hard-copy form**. Also during the call, the field office will inform you if any SPs aged 20-59 have been selected to participate in the VOC study. (Refer to item 12 on page 8-59 for VOC procedures.)

If there is **no telephone available in the household** to make the appointment, ask the respondent for the location of the nearest telephone where you can place the call. Go immediately from the respondent's home to the nearest telephone and call the field office. Inform the office that you are calling from a place other than the person's home and review with the office a date and time that is convenient for both the SP and the office. Return to the household and confirm the appointment with the respondent and then enter the information on the Appointment Screen. In the unusual situation where upon returning to the household you find that the respondent is unavailable for the appointment scheduled, repeat the process.

NOTE: During the initial 2 to 3 weeks of interviewing the office will open early and close late to facilitate the scheduling of MEC appointments. Your supervisor will provide you with the official office hours and telephone number information for each week of the survey.

7. If Necessary, Have the Respondent Sign the Authorization for Transportation Arrangements for Person Under 16 Years of Age Form

In a situation where a minor (under 16) is to be transported to and from the examination center it is necessary for the parent or guardian to complete and sign the authorization for transportation form (see Exhibit 8-12). This form must be signed before a child can come to the MEC. This form **cannot** be signed at the MEC.

In addition to authorizing transportation arrangements, the form also notifies parents that children under 12 should not come to the MEC without a proper escort (i.e., someone 12+ years old). If children under 12 do arrive at the MEC alone, they will not be examined. In such a case, the field office will telephone the SP's home and determine if someone 12+ is at home. If so, the SP will be sent home immediately in a taxi. Otherwise, the SP will remain at the MEC until the closing time of the session. If someone 12+ is at home at that time, the SP will then be sent home. Otherwise, the SP will be driven to the field office until someone 12+ at the SP's home can be reached.

Be sure that the parent/guardian reads carefully the statement on the form for transportation for children under 12. If you sense that there may be reading problems, read the statement aloud to the parent/guardian. Record the **full** name of the person who will accompany the child in the appropriate space. Be sure to take the form with you when you leave the household and turn it in with the case.

Exhibit 8-12. Authorization for Transportation Form



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

AUTHORIZATION FOR TRANSPORTATION ARRANGEMENTS FOR PERSONS UNDER 16 YEARS OF AGE

NAME OF CHILD: _____ AGE: _____

- ☐ I consent to transportation of my child to and from the
Mobil Exam Center/Field Office by members of the National Health
and Nutrition Examination Survey staff.
- ☐ I consent to transportation of my child to and from the
Mobile Exam Center/Field Office in a taxi arranged and
paid for by the National Health and Nutrition Examination Survey.
- ☐ I will drive.

Children under 12 must come to the Mobile Exam Center accompanied by
someone aged 12 and over. Please complete the subsequent section with
this in mind. Children under 12 who arrive alone will not be examined.

- ☐ Mother will accompany.
- ☐ Father will accompany.
- ☐ Other person 12 and over will accompany _____
Specify
- ☐ Will come alone (only for children ages 12-16).

(Date)

(Signature of Parent or Guardian)

(Witness)

SP ID

CDC 62.27
8-0320 (3/98)

8. If Necessary, Tell the Respondent That the Field Office Will Provide Him/Her With a School Excuse Letter

As discussed earlier in this section, children 12+ should be scheduled for exams according to whether they have been randomly selected for the morning or the afternoon/evening samples. For students, we can provide a letter, to be presented to the school, explaining the nature of the survey and the need to examine this individual. This school excuse letter (Exhibit 8-18) can be sent along with a reminder letter. The school excuse form should be completed by the parent/guardian and sent to the school. If further contact is necessary, the field office can make arrangements to do so upon notification.

9. Determine the Appropriate Appointment Slip by Time of Day Exam is Scheduled and Age of the SP

There are **four different appointment slips** (see Exhibit 8-13). You should select the appointment slip that corresponds to the SP's age and exam session appointment (morning, afternoon, or evening). These forms contain the date and time of the appointment, detailed fasting instructions for the SP, and any special instructions needed for specific exams.

For **every** SP for whom an examination appointment is scheduled you must complete and leave at the household a separate Appointment for Examination Slip. To complete the appointment slip, fill in the SP ID (you will receive the number from the stand office), and day, date, and time (specify a.m. or p.m.). Fill in the taxi pick-up time if the SP has requested taxi transportation.

10. Read and Review the Fasting Instructions With the SP

SP fasting instructions appear on the back of the Appointment Slip. You should read and review the fasting instructions with the SP and make sure that s/he understands them. SPs are asked to fast because certain biochemical determinations from the blood are only meaningful if done on a fasting blood specimen. For example:

- Monitoring **nutritional status** is one of the key goals of NHANES. In order to establish a national baseline of information, tests will be done to determine the level of vitamins A, E, C, D, carotenoids, and selenium in the blood. Once these levels are established, researchers can make recommendations, such as the need to do more vitamin fortification. Valid estimates require subjects to fast.
- Determining **cholesterol levels** and **other blood lipid determinations** is another goal of NHANES. Valid measurements of triglyceride in the blood require subjects to fast.

Exhibit 8-13. School Excuse Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics

6525 Belcrest Road

Hyattsville, Maryland 20782

Dear Principal:

Please excuse the below named student from class to participate in the National Health and Nutrition Examination Survey. The date and arrangements we have made for transportation are indicated below.

NAME _____

DATE _____

☐ Parent will pick up.

☐ Taxi will pick up.

☐ One of our representatives will pick up.

☐ Student will leave from home.

Thank you for your cooperation and your appreciation of the valuable contribution this student is making to our study. If you need to contact us, please call _____.

Sincerely yours,

Field Operations Coordinator

As parent/guardian of the above named child, I consent to the arrangements indicated.

Signed (Parent/Guardian)

KEEP IN MIND THAT ALL RESPONDENTS BEING ASKED TO FAST SHOULD BE REMINDED NOT TO FAST MORE THAN 16 HOURS.

Each appointment slip and its corresponding fasting instructions appear in Exhibit 8-14 and are described below:

- **Morning Exam Appointment Slip - Persons 12+ (yellow)**—This form is given to SPs 12+ years. It asks the respondent to fast overnight—that is, not to eat or drink anything except water—from 11:00 p.m. to 8:30 a.m. This means no coffee, no food, no gum, no snacks, and no beverages of any kind (except water) until after the MEC exam. Respondents are instructed to take their normal medications but with water only.

Respondents are also asked to bring their glasses if used and to bring their own rinsing and wetting solution for contacts if they so desire.

- **Afternoon Exam Appointment Slip - Persons 12+ (green)**—This form is given to persons 12+ who have an afternoon appointment. Respondents are asked to begin fasting—no food or drink of any kind except water—at 7:30 a.m. on the day of their appointment.

Respondents are asked to bring their glasses if used and to bring their own rinsing and wetting solution for contacts if they so desire.

- **Evening Exam Appointment Slip - Persons 12+ (pink)**—This form is given to persons 12+ who have an evening appointment. Respondents are asked to begin fasting at 11:30 a.m. on the day of their appointment.

Respondents are also asked to bring their glasses if used and to bring their own rinsing and wetting solution for contacts if they so desire.

- **Morning/Afternoon/Evening Appointment Slip - Persons Birth-11 years and for diabetics on insulin 12+ years (blue)**—This form is given to children ages birth-11 years and diabetics on insulin. It only requests that respondents bring their glasses if used and to bring their own rinsing and wetting solution for contacts if they so desire.

Exhibit 8-14. Exam Appointment Slips (4)

Morning Exam Appointment Slip – Persons 12+ Years (YELLOW)

MORNING EXAMS

(PERSONS 12+ YEARS)

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- Eat as you would on any normal day.
- Take your normal medications.

DON'T:

- Eat or drink anything except water after 11 P.M.
- No coffee, tea, food, dietary supplements, mints, cough drops, gum, snacks, or beverages.

ON YOUR APPOINTMENT DAY

DO:

- Drink as much water as you like.
- Take your normal medications with water only.
- If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution. In addition, please bring your eyeglasses.
- Wear shoes that are comfortable (sneakers, tennis or jogging shoes are preferred).
- Inform the examining staff upon arrival if you are allergic to latex.

DON'T:

- Eat or drink anything except water.
- No coffee, tea, food, dietary supplements, mints, cough drops, gum, snacks, or beverages, and no nicotine for at least 3 hours.
- Do any exercises.
- Wear any jewelry (you will be asked to remove all jewelry and hair ornaments for some of the tests).

EXÁMENES DE LA MAÑANA (PERSONAS DE 12 AÑOS Y MÁS) EL DÍA ANTES DE SU CITA

DEBE:

- Comer como lo haría en un día normal.
- Tomar sus medicamentos usuales.

NO DEBE:

- Comer ni beber nada después de las 11 de la noche, excepto agua.
- No beba café, té, ni coma alimentos, suplementos dietéticos, mentas, pastillas para la tos, chicles, meriendas, o refrescos.

EL DÍA DE SU CITA

DEBE:

- Tomar tanta agua como quiera.
- Tomar sus medicamentos usuales con agua solamente.
- Si usa lentes de contacto, los puede usar y traer su propia solución para enjuagarlos y mojarlos. Además, traiga sus (anteojos/lentes/espejuelos) por favor.
- Usar zapatos que sean cómodos (preferiblemente zapatillas de gimnasia ("sneakers"), de tenis o zapatos para correr).
- Informar, a su llegada, al personal de exámenes si usted es alérgico(a) al látex.

NO DEBE:

- Comer ni beber nada excepto agua.
- No beba café, té, ni coma alimentos, suplementos dietéticos, mentas, pastillas para la tos, chicles, meriendas, o refrescos, y no use nicotina por 3 horas al menos.
- Hacer ejercicios.
- Usar ninguna joya (se le pedirá que se saque todas las joyas y adornos para el pelo para algunas de las pruebas).

Exhibit 8-14. Exam Appointment Slips (4) (continued)

Afternoon Exam Appointment Slip—Persons 12+ Years (GREEN)

AFTERNOON EXAMS
(PERSONS 12+ YEARS)
ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- Eat as you would on any normal day.
- Take your normal medications.

ON YOUR APPOINTMENT DAY

DO:

- Drink as much water as you like.
- Take your normal medications with water only.
- Eat something for breakfast before 7:30 A.M.
- If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution. In addition, please bring your eyeglasses.
- Wear shoes that are comfortable (sneakers, tennis or jogging shoes are preferred).
- Inform the examining staff upon arrival if you are allergic to latex.

DON'T:

- Eat or drink anything except water after 7:30 A.M.
No coffee, tea, food, dietary supplements, mints, cough drops, gum, snacks, or beverages, and no nicotine for at least 3 hours.
- Do any exercises.
- Wear any jewelry (you will be asked to remove all jewelry and hair ornaments for some of the tests).

EXÁMENES DE LA TARDE
(PERSONAS DE 12 AÑOS Y MÁS)
EL DÍA ANTES DE SU CITA

DEBE:

- Comer como lo haría en un día normal.
- Tomar sus medicamentos usuales.

EL DÍA DE SU CITA

DEBE:

- Tomar tanta agua como quiera.
- Tomar sus medicamentos usuales con agua solamente.
- Comer algo para el desayuno antes de las 7:30 de la mañana.
- Si usa lentes de contacto, los puede usar y traer su propia solución para enjuagarlos y mojarlos. Además, traiga sus (anteojos/lentes/espejuelos) por favor.
- Usar zapatos que sean cómodos (preferiblemente zapatillas de gimnasia ("sneakers"), de tenis o zapatos para correr).
- Informar, a su llegada, al personal de exámenes si usted es alérgico(a) al látex.

NO DEBE:

- Comer ni beber nada después de las 7:30 de la mañana, excepto agua.
No beba café, té ni coma alimentos, suplementos dietéticos, mentas, pastillas para la tos, chicles, meriendas, ni refrescos, y no use nicotina por 3 horas al menos.
- Hacer ejercicios.
- Usar ninguna joya (se le pedirá que se saque todas las joyas y adornos para el pelo para algunas de las pruebas).

Exhibit 8-14. Exam Appointment Slips (4) (continued)

Evening Exam Appointment Slip—Persons 12+ Years (PINK)

EVENING EXAMS

(PERSONS 12+ YEARS)

ON THE DAY BEFORE YOUR APPOINTMENT

DO:

- Eat as you would on any normal day.
- Take your normal medications.

ON YOUR APPOINTMENT DAY

DO:

- Drink as much water as you like.
- Take your normal medications with water only.
- Eat something for breakfast before 11:30 A.M.
- If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution. In addition, please bring your eyeglasses.
- Wear shoes that are comfortable (sneakers, tennis or jogging shoes are preferred).
- Inform the examining staff upon arrival if you are allergic to latex.

DON'T:

- Eat or drink anything except water after 11:30 A.M.
No coffee, tea, food, dietary supplements, mints, cough drops, gum, snacks, or beverages, and no nicotine for at least 3 hours.
- Do any exercises.
- Wear any jewelry (you will be asked to remove all jewelry and hair ornaments for some of the tests).

**EXÁMENES NOCTURNOS
(PERSONAS DE 12 AÑOS Y MÁS)
EL DÍA ANTES DE SU CITA**

DEBE:

- Comer como lo haría en un día normal.
- Tomar sus medicamentos usuales.

EL DÍA DE SU CITA

DEBE:

- Tomar tanta agua como quiera.
- Tomar sus medicamentos usuales con agua solamente.
- Comer algo para el desayuno antes de las 11:30 de la mañana.
- Si usa lentes de contacto, los puede usar y traer su propia solución para enjuagarlos y mojarlos. Además, traiga sus (anteojos/lentes/espejuelos) por favor.
- Usar zapatos que sean cómodos (preferiblemente zapatillas de gimnasia o “sneakers”, de tenis o zapatos para correr).
- Informar, a su llegada, al personal de exámenes si usted es alérgico(a) al látex.

NO DEBE:

- Comer ni beber nada después de las 11:30 de la mañana, excepto agua.
No beba café, té ni coma alimentos, suplementos dietéticos, mentas, pastillas para la tos, chicles, meriendas, o refrescos, y no use nicotina por al menos 3 horas.
- Hacer ejercicios.
- Usar ninguna joya (se le pedirá que se saque todas las joyas y adornos para el pelo para algunas de las pruebas).

Exhibit 8-14. Exam Appointment Slips (4) (continued)

Morning/Afternoon/Evening Exam Appointment Slip—Persons 1-11 Years
& Diabetics on Insulin (BLUE)

MORNING, AFTERNOON, OR EVENING EXAMS
(PERSONS – BIRTH THROUGH 11 YEARS AND FOR
DIABETICS ON INSULIN 12+ YEARS)

Since fasting is not required for your exam –

DO:

- Eat as you would on any normal day.
- Drink as much water as you like.
- Take your normal medications.
- If you wear contact lenses, you may wear them and bring your own rinsing and wetting solution. In addition, please bring your eyeglasses.
- Wear shoes that are comfortable (sneakers, tennis or jogging shoes are preferred).
- Inform the examining staff upon arrival if you are allergic to latex.

DON'T:

- Do any exercises.
- Wear any jewelry (you will be asked to remove all jewelry and hair ornaments for some of the tests).
- Take nicotine for at least 3 hours.

EXÁMENES DE LA MAÑANA, TARDE, O NOCHE
(PERSONAS – DESDE EL NACIMIENTO HASTA LOS 11 AÑOS DE EDAD Y PARA
PERSONAS DIABÉTICAS DE 12 AÑOS Y MÁS DE EDAD QUE USAN INSULINA)

Debido a que ayunar no es un requisito para su examen –

DEBE:

- Comer como lo haría en un día normal.
- Tomar tanta agua como quiera.
- Tomar sus medicamentos usuales.
- Si usa lentes de contacto, los puede usar y traer su propia solución para enjuagarlos y mojarlos. Además, traiga sus (anteojos/lentes/espejuelos) por favor.
- Usar zapatos que sean cómodos (preferiblemente zapatillas de gimnasia (“sneakers”), de tenis o zapatos para correr).
- Informar, a su llegada, al personal de exámenes si usted es alérgico(a) al látex.

NO DEBE:

- Hacer ejercicios.
- Usar ninguna joya (se le pedirá que se saque todas las joyas y adornos para el pelo para algunas de las pruebas).
- Usar nicotina por al menos 3 horas.

11. Record all Appointment Information on the Front Cover of the Household Folder

After you complete the appointment process, write the appointment information for each SP on the Summary Table located on the front cover of the Household Folder (Exhibit 8-15). Enter complete information because this is your only hard copy documentation of this data.

If the SP has refused to make an appointment, enter the refusal code in the APPT DISP column and complete a Nonresponse Card detailing the reason for the refusal.

12. Introduce the VOC Study and Review Collection Instructions

The purpose of the VOC study is to determine the prevalence of exposures to chemicals called Volatile Organic Compounds (VOCs). A half sample of SPs ages 20-59 will be randomly selected to participate in the study. Selected SPs will be asked to bring to the MEC a sample of their household water supply using a collection kit dropped off by the household interviewer. (This kit contains written collection instructions and a glass water vial enclosed in a plastic bag.)

- During the appointment call, the field office will inform you which, if any, SPs aged 20-59 have been selected as VOC participants. Once a VOC participant is identified, briefly explain the VOC study and review the water collection instructions. (See Exhibit 8-15A.) Distribute a VOC kit to each selected SP and ask them to bring the sample to their exam appointment.
- If you are unable to communicate with the field office prior to leaving the household and the VOC eligibility status is undetermined, introduce the study, explain to the SP that they MAY be selected and leave one water collection kit with each potential VOC candidate (ages 20-59). Inform the SP that they will be notified of their participation status through the reminder letter and reminder call.
- Track the results of the VOC placement on the front of the household folder. (See Exhibit 8-15.) Record "N/A" for all SPs who have not been selected for participation in the study. Record "Y" for the successful delivery of the VOC kit. Record "N" when the kit was not delivered and/or the SP refused participation. Record non-response details in the space provided at the bottom of page 1 of the household folder.

13. Make a Closing Statement to the Respondent

The major points to be covered during the closing statement include:

- **Thank** the respondent for his/her cooperation and time. Prepare an **Outreach Folder**. As you may recall the Outreach Folder is a two-pocket folder designed for NHANES.

One folder should be given to each eligible **household** at the conclusion of the appointment process. Place copies of the Consent/Assent Form and other study materials in the folder. Remember that a **Certificate of Appreciation** (Exhibit 8-16) will be sent to the SP after their appointment is made with the field office.

Be sure to stress the importance of his/her contribution to the study. Even though the respondent should at this point be generally familiar with the survey objectives, it is important to leave the respondent with a feeling that s/he has participated and should continue to participate in a worthwhile experience.

- Restate the **date, time, and transportation** arrangements for the examination appointment. As necessary, remind the SP to bring the water sample to the MEC on the date of their appointment.

A summary of all the steps (1 through 10) to be followed when making a MEC appointment is contained in your Hand Card Booklet.

8.4 Reporting Medical Findings to SPs

When questions about the results of examinations arise, explain to the respondent that findings reflecting most of the tests conducted as part of the MEC exam will be reported to the SP either during the time of the exam or sent to the SP 12-16 weeks after the exam is completed. Most results will be reported to the SP in writing regardless of when they are reported. An example of the Preliminary Report of Findings the SP receives for some of the exams at the time of the MEC visit appears as Exhibit 8-17. The report the SP receives on other exams 12-16 weeks later is very similar in format to this preliminary report. As necessary, use the Summary of MEC Examination Survey Measurements and Findings to show the SP which exams are reported (Exhibit 8-18). This exhibit will also be part of your Hand Card Booklet.

Exhibit 8-15. Summary Table of Household Folder

MEC EXAM APPOINTMENT SUMMARY										VOC KIT GIVEN
FAM #	PER #	INTER INITIALS	SP ID#	APPT DISP	MEC EXAM APPOINTMENT INFORMATION				Y N* NA	
					DATE	TIME	TRANSPORT	SPECIAL CONSID		
	1	NAME:				GENDER:		AGE:		
		NAME:				GENDER:		AGE:		
		NAME:				GENDER:		AGE:		
		NAME:				GENDER:		AGE:		
		NAME:				GENDER:		AGE:		

*FOR ALL VOC NONRESPONSE (EXPLAIN) _____

REV. 9/01

Exhibit 8-15A. Instructions for Collecting Tap Water Sample

Instructions for Collecting Tap Water Sample

1. Collect the water sample from the bathtub or an outside faucet **ONLY**.
2. Turn on the cold water (all the way on).
3. Let the cold water run for 3 minutes (all the way on) and then decrease the flow to a trickle.
4. Take the black cap off the glass tube. (If the white liner in the cap falls out, put it back into the cap. The shiny side should be facing up.)
5. Carefully fill the **GLASS TUBE** with water until it is almost full.
6. Screw the black cap tightly on the tube.
7. Turn the tube upside down to make sure it does not leak. (If the tube does leak, then remove the cap and try tightening the cap again.)
8. Write the date and time that the water was collected on the bright pink label on the outside of the plastic bag.
9. Put the water vial back into the plastic bag.
10. Bring the water sample with you when you come to the examination center.

Call the Field Office at _____ if you have questions.

Exhibit 8-16. Certificate of Appreciation

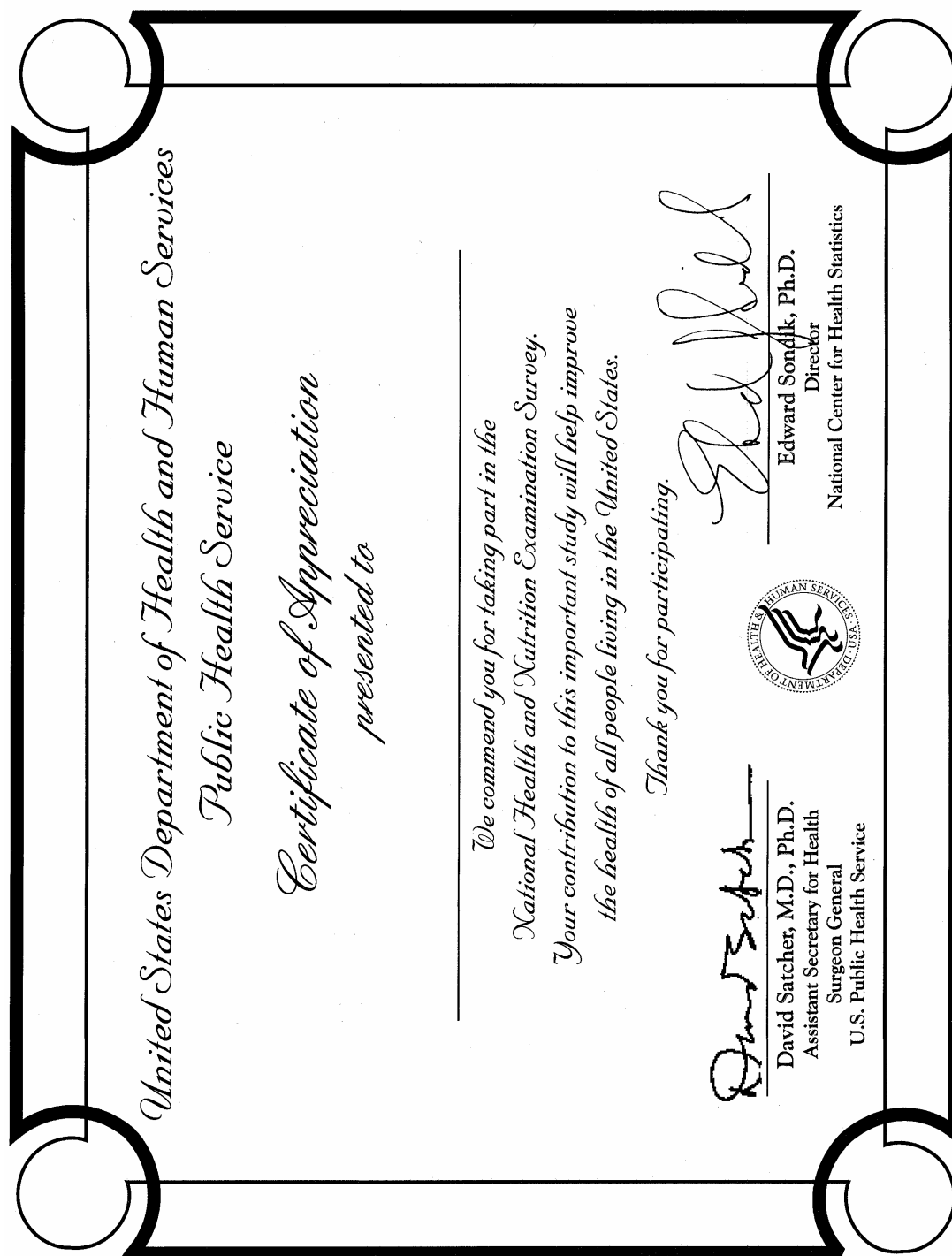


Exhibit 8-17. Preliminary Report of Findings

National Health and Nutrition Examination Survey

Preliminary Report of Findings

These measurements were obtained as part of a survey and do not represent a medical diagnosis.
Interpretation of these measurements must be made by a physician.

Date of Examination: December 30, 1998
Participant Name: Hilda Smith
Participant Age: 44 years
Participant Gender: Female
SP ID: 405279 PR

Body Measurements

Height/Length: 5 ft. 7 in.
Weight: 154.3 lbs
Body Mass Index: 59.03

For a person of your height, your weight is above the range of a healthy weight, and you may be overweight.

Blood Pressure and Heart Rate

		Optimal	Normal	Acceptable
Systolic Blood Pressure:	108 mm Hg	< 120	< 130	< 140
Diastolic Blood Pressure:	80 mm Hg	< 80	< 85	< 90
Resting Pulse Rate:	80 bpm			

Your blood pressure is normal. Based on the 6th Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure.

Dental

Exhibit 8-17. Preliminary Report of Findings (continued)

National Health and Nutrition Examination Survey

Preliminary Report of Findings

Vision

We have done a quick check of your vision today. Our exam is not as precise as an eye exam done by an eye doctor. These values may differ from a vision exam you may have by an ophthalmologist, optometrist or optician.

Your distance vision is **20/20** in your **right eye** and **20/25** in your **left eye** with contact lens.

This is a good level of vision. We have not done a full eye examination, so you should continue your usual schedule of periodic examinations by your eye doctor.

Cardiovascular Fitness

Your fitness test was done on a treadmill. The test consisted of a warm-up, two exercise periods (stage 1 and stage 2), and a recovery period. The table below shows your test results.

Stage	Required Time	Your Time	Your Heart Rate
Warmup	2 min	2 min	100 pm
Stage 1	3 min	3 min	110 pm
Stage 2	3 min	3 min	120 pm
Recovery	2 - 3 min	3 min	100 pm

During this exercise your maximum incline on the treadmill was 6% and your maximum speed was 2.7 mph.

Compared with other people your age and sex, your cardiovascular fitness level is high..

Audiometry

The softest sounds you are able to hear are called hearing thresholds. Your thresholds at different frequencies (pitches) are reported in the table below. The lower pitched sounds are towards the left of the table and the higher pitched sounds are towards the right. Values of 25 dB or less are considered normal hearing.

Hearing Levels by Ear and Frequency (Air Conduction)

	Frequency (Hz)						
	500	1000	2000	3000	4000	6000	8000
Right Ear (dB)	10	10	10	10	10	10	10
Left Ear (dB)	10	10	10	10	10	10	10

Thresholds reported in dB HL

Your hearing was tested by a trained examiner. Results indicate that your hearing is entirely within normal limits in both ears.

Exhibit 8-18. Summary of MEC Examination Survey Measurements and Findings

SP Receives Results

Blood Pressure*
Body Composition*
Bone Density
Dental Exam*
Eye Exam – Ages 12 and older*
Fitness Test*
Hearing – Ages 20 and older*
Height, Weight and Other Body Measurements*
Pregnancy Tests (Females 12-59)
Sexually Transmitted Diseases (Reported Via a Toll Free Phone Line)
Human Immunodeficiency Virus (HIV) (Reported Via a Toll Free Phone Line)
Complete Blood Count*
Lipid Profile
Glucose Measures
Kidney Tests
Lead Levels
Liver Tests
Nutritional Status
Hormone Tests

SP Receives Results Only If Abnormal

Infectious Diseases
Blood Sample for Mercury
Cadmium
Skin Conditions

*Reported at the time of the examination.

NOTE: TALKING WITH RESPONDENTS ABOUT THE DISCOVERY OF SERIOUS HEALTH PROBLEMS OR ABNORMAL TEST RESULTS MAY HAVE A NEGATIVE IMPACT ON PARTICIPATION. FOR THAT REASON, THE TEXT THAT FOLLOWS IS FOR **YOUR INFORMATION ONLY**.

If a member of the examination staff determines that there are major medical findings that should be evaluated soon by a health care provider, the staff physician will explain the condition to the SP, provide him/her with a written report and urge him/her to make an appointment with a medical care provider. If the SP has no medical care provider, the physician will have him/her choose from a list of providers obtained at the stand for this purpose.

When extremely abnormal findings are discovered by the laboratory after the examination has been completed, the lab will contact NCHS who in turn will send the SP (or parent) a letter describing the findings and strongly urging him or her to see a medical provider for a complete evaluation. This letter will usually be sent within two to three weeks of the exam.

If an emergency situation is discovered in the MEC, the MEC staff will contact a local rescue squad, ambulance service, or hospital emergency room whose telephone numbers will be kept posted in the MEC.

8.5 Answering Questions About Child Abuse

The fourth paragraph on the MEC Consent Form informs the respondent of the strict confidential nature of the study except in cases where there are clear signs of child abuse.

Past experience indicates that there will be very few SPs who have questions about child abuse issues, and you are not expected to explain this issue in detail to the SP. In fact, it is generally not advisable to provide a respondent with too much detailed information, since this could lead to confusion and unnecessary concerns on the respondent's part.

However, SPs that do have questions deserve a clear, accurate answer, given in a manner that communicates your recognition that theirs is an important question.

For that reason we provide you with a statement about child abuse and related questions and answers respondents may have (Exhibit 8-19). These will be part of your Hand Card Booklet. In most situations, providing the respondent with this information will end the child abuse conversation. If the respondent asks you **other** specific questions (not in your Hand Card Booklet) about child abuse issues, provide him/her with the appropriate telephone number which will be given to you when you arrive at the stand. Depending on the nature of the question, this may be the number of the field office, the local state agency that deals with child abuse cases or the National Center for Health Statistics. **Do not answer any child abuse questions based on your own knowledge.** Your supervisor will give you the appropriate local agency number at the beginning of each stand.

8.6 Answering Questions About AIDS Testing

AIDS is one of the health issues to be studied in NHANES. The MEC Brochure informs respondents of this. Based on past experience, we know that the overwhelming majority of respondents do not ask any questions concerning AIDS. However, if you are asked about AIDS and NHANES, we would like you to do the following:

1. Hand the respondent the AIDS Brochure (Exhibit 8-20), which contains information on the blood test given in the MEC and on the AIDS virus. Note that the brochure includes an 800 number that respondents can call for additional information.

Show the respondent the AIDS Information Sheet that appears as one of your Hand Cards in the "MEC" portion of the Hand Card Booklet (Exhibit 8-21).

In most situations this will end the AIDS conversation, and you will proceed with the appointment making process.

2. If the respondent asks you specific questions about AIDS indicate that you can provide him/her with the telephone number of a local health center where s/he can get authoritative answers. **Do not answer AIDS questions based on your own knowledge.** YOUR SUPERVISOR WILL GIVE YOU THIS NUMBER AT THE BEGINNING OF EACH STAND.
3. If the respondent would like to get the results of his/her AIDS test, they may call the special NCHS telephone number provided in the Consent Brochure.
4. If the respondent **insists** that s/he will participate in the MEC exam except for the AIDS testing, grant this concession and note it in the Consent Form Module.

Exhibit 8-19. Child Abuse Pages

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

INFORMATION ABOUT CHILD ABUSE

Physical child abuse is a serious and widespread problem. Every year more than a million children in the United States are abused, and between 2,000 and 5,000 die as a result of their injuries. Physicians are in a unique position to detect child abuse and are mandated by law to report such cases.

Physical abuse of a child is defined as the nonaccidental injury of a child. Some physical signs are unusual bruises, welts, burns or multiple broken bones. Usually, the injuries are more severe than those that could be attributed to the claimed cause.

**QUESTIONS AND ANSWERS ABOUT THE
NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY**

What do you mean by "clear evident of physical child abuse?"

This card contains information about and definition of "child abuse" obtained from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Why are the people working on the survey concerned about child abuse?

We are concerned about the health, safety, and proper treatment of all children and our physicians are mandated by state law to report such cases.

Who gave you the right to determine whether my child is being abused?

My purpose here today is to administer the Health and Nutrition Examination Survey questionnaire. However, the physicians in the Mobile Examination Center are mandated by federal law to report such cases.

What actions are taken in suspected cases of child abuse?

Investigations of suspected cases of child abuse are dependent upon the specific laws in your state.

**Will the physician at the Mobile Examination Center tell me if s/he
is reporting my child as being abused?**

Yes, they will inform you of their intention to do so.

Where do you get your guidelines on child abuse?

Guidelines vary from state to state, but the guidelines our physician uses for reporting come from two publications produced by the American Medical Association entitled "Diagnostic and Treatment Guidelines on Child Sexual Abuse" and "Child Physical Abuse and Neglect."

Exhibit 8-19. Child Abuse Pages (continued)

Are your physicians mandated by law to report instances of physical abuse of adults?

The law mentioned in the consent form only applies to physical abuse of children.

**How can I get more information about child abuse and how it is treated
in the National Health and Nutrition Examination Survey project?**

My supervisor can give you more information and can be reached at (Give current phone number of Field Operations Coordinator).

If I have more questions which you or your supervisor cannot answer, who else can I call?

You may call the agency in your state that deals with child abuse cases (Give agency number) or the person to contact on a national level is Dr. Kathryn S. Porter at the National Center for Health Statistics. Her toll free number is 1 800 452-6115.

Exhibit 8-20. AIDS Brochure

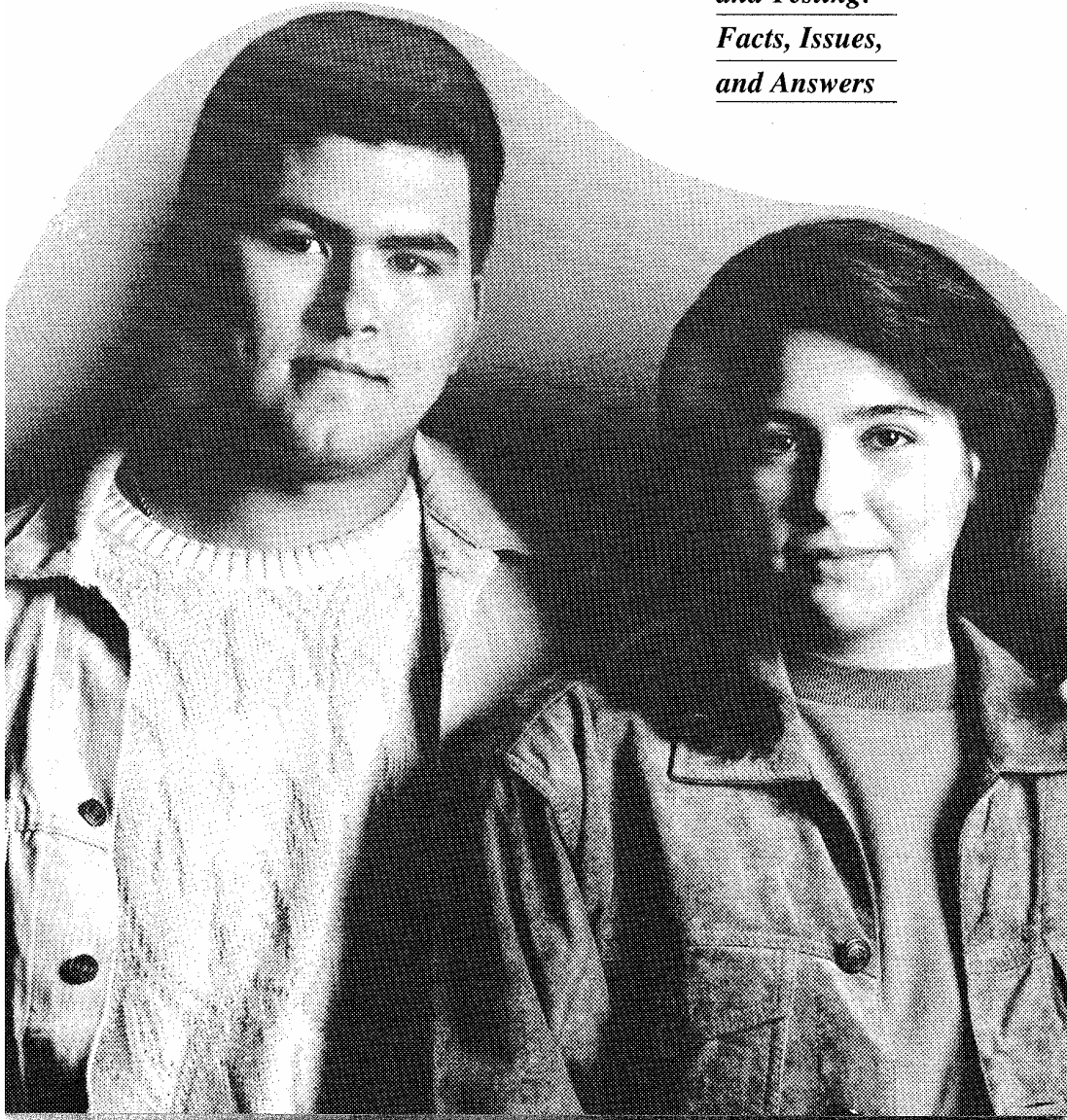


DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

NAIEP/10-90/11

Voluntary HIV
Counseling
and Testing:
Facts, Issues,
and Answers



AIDS INFORMATION SHEET

NHANES is a survey that looks at the health of the United States population, studying many diseases such as heart disease, diabetes, and osteoporosis. One of the major health issues in the United States is AIDS. Because it is such an important public health problem and scientists need to know how widespread the infection is in the general population, we plan to test the blood of everyone ages 18-49 years for AIDS infection.

You cannot get AIDS from any procedure in the mobile examination center. All needles used in obtaining your blood are sterile and are used only on you. All other equipment used during the examination is either disposable or sterilized after each use.

8.7 Answering SP Questions About the Blood Draw

During the appointment process some SPs may have questions concerning the blood draw that takes place as part of the MEC examination. A special document has been produced to aid the health representative in answering these questions. This document appears as Attachment A.

8.8 Motivating the Respondent to Participate in the Examination

The face-to-face SP interview generally provides a unique opportunity for the interviewer and the respondent to establish a positive working relationship. This rapport will in most cases be crucial to motivating the respondent to cooperate in the examination module of NHANES.

However, situations will certainly arise where you sense that the respondent is apprehensive or reluctant about the examination. In such cases of noncooperation (short of an outright refusal) there are a number of techniques that should be employed once you have determined the reason for the reluctance. Some of the techniques are the same as those used to convince SPs to participate in the household interview, others are unique to the examination phase. These techniques are discussed in the Obtaining Respondent Cooperation Manual (Part II of your manual).

8.9 Making Field Reminders

Within 48 hours of their MEC appointment, all SPs will receive a reminder telephone call. This call is made from the stand field office. SPs who do not have phones, whose phones are not working, or who have not been contacted by phone for some other reason must be contacted in the field.

Field reminders will be assigned to interviewers by the field manager. A **field reminder assignment package** will include:

- A **Segment Folder** (Chapter 3) to help locate the address;
- A copy of the **Appointment History** of the SP who requires the field reminder (Exhibit 8-22);

Exhibit 8-22. Appointment History

Appointment Detail

Appointment Detail
Appointment: 8 of 10

SP: JONES, KATIE Participant ID: 107-17-0030-01-02 Session: Morning - 07/06/1999 - Start Time: 08:30

Address: 814-804 W Lakeside Pl, Apt 2S, Chicago, IL 60640

Type: Primary Status: Scheduled Status Date: 5/16/2001 Scheduled By: 1280: Hogan, Katie

Arrival Time: 08:30 Language: VOC Sample: Yes Interviewer: 0000: None Found

Assigned Fast: Morning Sched Fasting: Morning - 9 Hour Field Reminder: ☐ Hold: No

Transportation
 Interpreter
 Considerations/Incentives
 History
 SP Addresses
Comments
 SP Info
 Consents

Appointment History

Sample Person Name	Status	Type	Session	Rescheduled By	Status Date	History Date
Jones, Katie	Scheduled	Primary	07/06/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 16:23:05
Jones, Katie	Cancelled\SP Resche	Primary	08/10/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 16:23:04
Jones, Katie	Scheduled	Primary	08/10/1999 - Morning	1031: Carter, Deloris	5/16/2001	5/16/2001 11:12:36

Nbr of Rows: 3

Previous Appointment
Next Appointment
Insert Detail
Delete Detail

Ok
Cancel

- A xerox copy of the **Household Folder Call Record** to serve as a contact reference. This report also displays whether or not the SP has been selected as a VOC study participant; and
- A copy of the Household Composition Report which lists all members of the household.

Field reminders must be done in person face-to-face—leaving a slip under the door is not a successful field contact. In the **unusual event** that face-to-face contact is not possible after multiple attempts with the household, the interviewer should then leave an appointment slip at the household for each SP and notify the field manager of the situation. SPs not receiving in-person field reminders may be more likely not to show for their MEC appointments.

In making field reminders to SPs, be sure to go over all of the points mentioned below.

1. Introduce yourself and explain that you are calling from the National Health and Nutrition Examination Survey.
2. Remind the SP that a health representative made an appointment for him/her to come to the MEC on (mention date of appointment).
3. Ask the SP to get the appointment slip that was left by the health representative so that you can review the instructions.
4. Review the time of the appointment and the address of the MEC. If the SP is to be picked up by a taxi, tell the SP what time the taxi will pick him/her up. If the SP is coming to the MEC on his or her own, remind the SP what time s/he needs to be there.
5. Review the fasting instructions with the SP.
6. If SP is a VOC study participant, briefly review water collection instructions and remind the SP to bring the sample to the MEC.
7. If appropriate, remind the SP to bring his/her contact lens or glasses to the examination.

Moreover, it is important to keep in mind that each time a household contact is made, you should leave the most positive feeling behind concerning NHANES since it will surely affect the next module of the study, in this case, participation in the examination.

8.10 Rescheduling Broken MEC Appointments

Interviewers will support the field office staff efforts to reschedule respondents who cancel or do not appear for their MEC examination appointments. The study manager will assign these cases.

A **broken appointment assignment package** will include:

- A **segment folder** (Chapter 3) to help locate the address;
- The **Non Response Card** to record the results of rescheduling the broken appointment;
- A **SP Appointment History Report**, which provides appointment history data on all SPs in a household.
- A photocopy of the Household Call Record from the Household Folder to provide contact information about the household.
- A copy of the Household Composition Report listing all members of the household.

At the time a broken appointment is assigned, the interviewer and the field manager should discuss conversion strategies (see Obtaining Respondent Cooperation Manual).

9. THIS CHAPTER OMITTED

10. NON-INTERVIEW AND NONRESPONSE

Any non-interview and nonresponse to the survey's questionnaires or procedures must be fully documented. For NHANES, we will use two forms when dealing with non-interview and nonresponse problems.

- The **Screener Vacant/Not a DU Form** is used to record information on screeners identified as vacant or not a dwelling unit; and
- The **Nonresponse Card** is used to document nonresponse to the Screener, SP questionnaire, Family questionnaire, the Dust Collection process, or nonresponse to the MEC appointment (an initial refusal, cancellation or no-show).

In this chapter we will discuss non-interview and nonresponse problems/situations, as well as the completion of Screener Vacant/Not a DU and nonresponse forms.

10.1 Non-Interview Cases

You may sometimes encounter circumstances that prevent you from completing a Screener at the assigned address. These problems can occur in the following scenarios:

- The unit is vacant;
- The address does not qualify as a DU; or
- The sampled DU does not exist.

10.1.1 Problems Making Contact at the Dwelling Unit

You may encounter problems associated with sampled addresses you have been assigned. While they occur rarely, you should be prepared for them. This section provides a description of the most common problems and what you are to do when you encounter them.

The Unit is Vacant

If the sampled DU is vacant, there are several steps to take before you actually consider the unit to be vacant. Be sure that there are no signs of furniture or other clues that the DU is occupied. Do not assume a unit is vacant just because there are no curtains or accumulation of old newspapers on the porch. Once you are satisfied that the unit is vacant, fill out the Screener Vacant/Not a DU Form. A copy of this form appears as Exhibit 10-1. Be sure to include in your comments all signs of vacancy. If you should happen to notice that the DU is no longer vacant on later trips to the segment, do not make any attempts to contact the new residents.

Your supervisor may ask you to verify the vacancy with a neighbor or building manager. If verification through neighbor information is not possible (no one home, neighbors refuse to give information, etc.) discuss the case with your supervisor at your next interviewer conference. Your supervisor will decide what further activity is necessary.

The Assigned Address Does Not Qualify as a DU

Even though addresses were listed as carefully as possible during the listing effort, some of the sampled DUs may no longer qualify as DUs. For example, after the listing, a residential unit may have been converted to a store or may have been totally demolished. It is also possible that the lister made an error and listed an address that does not meet our definition of a DU. Screeners should only be conducted at sampled addresses that qualify as DUs. Therefore, it is your responsibility to make sure that the address you have been assigned is a DU.

You should use Section 3.1, “Definition of a Dwelling Unit,” to make the determination of a dwelling unit. Whenever you determine that a sampled address does not qualify as a DU, complete the Screener Vacant/Not a DU Form, and return the case to your supervisor at your next scheduled conference. Note that your supervisor may ask you to verify with a neighbor or building manager that the address is not a dwelling unit as defined by this study.

Exhibit 10-1. Screener Vacant/Not a DU Form

SCREENER VACANT/NOT A DU FORM

A. WHY IS THE LISTED ADDRESS NOT AN OCCUPIED DWELLING UNIT FOR OUR SAMPLE?

- ☐ VACANT (B)
- ☐ NOT A DU, CONDEMNED/DEMOLISHED (C)
- ☐ NOT A DU, PLACE OF BUSINESS (C)
- ☐ NOT A DU, NO SUCH ADDRESS/NO SUCH DU (C)
- ☐ NOT A DU, VACATION CABIN (C)
- ☐ NOT A DU, NOT USABLE AS PERMANENT RESIDENCE (C)
- ☐ NOT A DU, TRANSIENT USE (C)
- ☐ NOT A DU, STILL UNDER CONSTRUCTION (C)
- ☐ NOT A DU, LISTING PROBLEM, OUT OF SEGMENT (C)
- ☐ NOT A DU, OTHER REASON (C)
(SPECIFY) _____

B. RECORD BELOW ANY AND ALL SIGNS OF VACANCY

C. RECORD BELOW ANY REASONS UNIT DOES NOT QUALIFY AS A DWELLING UNIT AS WELL AS ANY RELEVANT INFORMATION OR OBSERVATIONS.

END

The Sampled DU Does Not Exist

Most of the problems you have finding an address can be solved by careful use of the information and materials provided to you. If you cannot find a DU, recheck the materials in your Segment Folder and consult your local area map to try to determine the source of the problem. You may, for example, have gone to the north end of a street to find an address that is actually at the south end.

If your best efforts fail to locate the sampled DU and you suspect that it has been demolished or that it never existed, describe the situation on the Screener Vacant/Not a DU Form. Return the case to your supervisor during your next scheduled conference.

10.2 Nonresponse

You may sometimes encounter problems that prevent you from completing critical components of a case. These problems can occur in the following scenarios:

- When you are trying to conduct the Screener with a household adult;
- After you have screened a household and have selected SP(s), and are unable to interview an SP;
- When you need to make an appointment or obtain signed consent for the MEC examination;
- When you are trying to reschedule a broken MEC appointment; and
- When you are unable to complete the Dust Collection process.

10.1.2 Problems Obtaining the Interview (Screener Relationship, SP, Family Interviews, or the Dust Collection Procedure)

Once you have located the DU, you are ready to make contact with the household to complete the Screener, and if there are selected SPs, a number of other interviews. There are several situations in which an attempt to conduct the Screener, an extended interview with an SP, or the Dust Collection Procedure may result in an outcome other than a completed questionnaire.

The following are the problem situations that you may encounter. Any of these problems could occur when you are attempting to contact an eligible respondent for interviews.

Not at Home

It is common to find no one at home when you attempt to contact a household. When you find no one at home, you may complete a **Sorry I Missed You/Call Back** card and put it under the door of the assigned unit. Do not leave study materials in the mailbox. Be sure to record at the bottom of the card the stand, segment, and serial number for the household. This will facilitate identifying the household if a household member calls the field office. A copy of this card appears as Exhibit 10-2.

Note: Do not leave other materials about the study. At this stage, the goal is to complete the screener to see if there are eligible SPs in the household.

Then, make a deliberate effort to contact a neighbor to obtain information about the household's or SP's availability.

You should perform the following tasks:

- Probe to determine when an adult household member (if trying to complete a Screener) or a selected SP will be home;
- Record appropriate information on the Call Record; and
- Record any information obtained about the household composition on the Neighbor Information Form.

Special considerations for neighbor contacts are discussed in Section 6.1.3. If you have what your supervisor considers to be the maximum number of attempts and have been unable to find an adult at home to administer the Screener, complete a Nonresponse Card. Explain thoroughly why you were unable to complete the Screener interview and try to complete the household enumeration as thoroughly as possible, using the Neighbor Information Form, with sources such as resident managers, children from the sampled DU, neighbors, mail carriers, and other similar knowledgeable sources. (Specifications for this form are in Section 10.4 of this chapter.) Return the case to your supervisor during your next scheduled conference.

Exhibit 10-2. Sorry I Miss You/Call-Back Card

National Health and Nutrition Examination Survey

I stopped by your home today to talk with you about the National Health and Nutrition Examination Survey. You were recently contacted about the study and the importance of your participation in it.

I am sorry that I did not find you at home today. I will return within the next several days. Thank you for your cooperation.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Refusal

Occasionally even the best interviewers receive refusals to participate in a survey. Most respondents do not refuse outright; rather, they express some hesitancy, reservation, or initial hostility. In a short time, you will become sensitive to the firmness of the “NO” conveyed by the tone and wording of the respondent’s comments. You will also learn to sense the reasons behind a respondent’s hesitancy and develop ways of dealing with those “hidden” concerns.

Always listen very carefully to what the respondent has to say, and then address your remarks to the respondent’s concerns. Some of the most common reasons respondents give for refusing are the following:

- Too busy/don’t have the time;
- Not interested in the study;
- Don’t want to be bothered or involved;
- Waste of time and money;
- Government interference;
- “Nothing in it for me;” and
- Too ill, don’t feel well enough.

These reasons reflect two broad types of concerns respondents may have: concerns about the time you are asking them to give and concerns about the study itself or about surveys in general. You can respond to the first concern in several ways: Emphasize the importance of the study, persuade respondents that we do appreciate their contribution to the project, and indicate your willingness to be as flexible as possible in arranging an appointment at the respondent’s convenience. You can respond to the second type of concern by explaining how the project is worthwhile, by pointing out that people making decisions on government programs need good information to guide the policymaking process, or that for a survey’s results to be useful, they must include information from a representative sample.

Additional considerations to keep in mind for overcoming respondent refusals include the following:

- Make your respondents feel they are valuable to the study.

- Make your respondents feel that you are concerned about their time, their experiences, etc.
- Make sure your respondent knows exactly who you are, whom you represent, and why you are there.
- Be confident, reassuring, and ready to react promptly to a respondent's cues. Don't get into a "set interviewing routine" that keeps you from dealing with each respondent's individual concerns.
- Try to get started with the questionnaire as quickly as possible; once you begin asking the questions, the respondent may see that his/her fears about the interview are unfounded.
- Above all, be thoroughly familiar with all study materials so that you can readily answer a respondent's questions about the survey.

If you find that you are not getting anywhere with a respondent, try to end the contact **before** you get a final "No." However gruff or rude a respondent may be, always maintain a pleasant, courteous manner. Above all, do not antagonize or alienate the respondent. Try to keep the door open for future contacts. In most situations, your supervisor will assign another interviewer to attempt the interview. If you can leave on a pleasant note, the respondent may be more receptive to the efforts of another interviewer. After leaving the respondent, record the situation completely on the Nonresponse Card and return the case to your supervisor during your next scheduled conference.

Special Refusal Situations

The following are some additional refusal situations. You should deal with these situations as described.

- If an SP **refuses to conduct any household interview**, you should remain there to interview other willing SPs so long as your presence is still welcome.
- During an interview, a respondent may **refuse to answer a particular question** or series of questions. If this occurs, reassure him/her that all the information you collect will remain confidential. Try to deal with any reasons offered by the respondent for the refusal, but do not pressure the respondent to answer. Go on to the next question.
- Sometimes a respondent does not refuse outright but **keeps putting you off** by asking you to come back again and again or makes appointments and doesn't keep them. When a respondent does not keep an appointment, you should wait at the respondent's home for at least 15 minutes. If the respondent does not arrive while you are there, go

on and make contact attempts at other nearby assignments. Before you leave the area, drop by the respondent's home again. The respondent might have forgotten the appointment or there may have been some unexpected circumstance or simply a misunderstanding as to the place and time of the appointment. If, however, you have not succeeded in obtaining the interview in the allotted number of attempts due to broken appointments, treat the case as a refusal.

- Through experience, we have found that the elderly may not answer the door simply because they don't hear or may take longer than most people to get to the door. Knock or ring several times.

Breakoff

A breakoff occurs when a respondent begins responding to the questionnaire and at some point before the conclusion of the interview refuses to finish. As with a refusal, you should attempt to determine the reasons for the breakoff and try to answer the respondent's concerns. Stress that the respondent may refuse to answer any individual question that s/he finds to be too personal, etc. If it is simply a matter of inconvenience for the respondent, you should try to set an appointment to finish the interview at another time. If it is clear that the respondent has no intention of resuming at a later date, record the situation completely on the Nonresponse Card.

Unavailable During the Field Period

If you learn that all the adults in the household will not be at home at all during the field period (e.g., the residents are out-of-town visiting a sick relative and won't be back for 3 or 4 months; that they are traveling for an extended period of time; etc.), and are therefore unavailable for the screening, do not make further attempts. Record the details on the Nonresponse Card and complete the Neighbor Information Form. Return the case to your supervisor at your next conference.

If you learn that an SP in a household will not be available for the entire field period because of an extended absence (and a proxy is not admissible), you should complete a Nonresponse Card for that SP.

Illness

You may encounter a respondent who cannot complete the Screener because of an illness, deafness, senility, or other health problems. You will encounter these problems in varying degrees and it will be up to you to judge whether the problem is sufficiently severe for you to discontinue your attempts to complete the Screener. To begin with, check to see if there is some other knowledgeable household adult who could complete the Screener. In some cases, you will find that the respondent is only temporarily indisposed and is very willing to do the Screener at a later time. In such a case, make an appointment. If the illness problem is such that it will be impossible to complete the Screener at the household during the entire field period, complete Section II on the Screener Non-Interview Form. Return the case to your supervisor at your next conference.

If you screen a household and find that an SP suffers from an extended illness or has some type of health problem which prevents him/her from responding for the entire field period, a proxy may be selected to respond on the SP's behalf as described in Chapter 4. If the SP's illness is temporary, you should try to set an appointment for a time when s/he is more able to respond.

Language Problem

We will be conducting Screeners with respondents who speak English and Spanish. If you encounter a household where all the household members speak some other language, you may use a neighbor to translate for the Screener interview. If you cannot find a translator, have the respondent complete the Language Identification Card. Next, complete a Nonresponse Card and return the case to your Supervisor during your next scheduled conference.

If you encounter a language problem during your attempts to complete the extended household interviews, try to find an adult (18+) household translator to assist you during the interview. If none exists, return the case to your supervisor. S/he will try to help you find a professional translator.

Other Situations

Any other type of incomplete interview situation that does not fit into any of the categories mentioned previously should be described in detail on the Nonresponse Card. Discuss all “other” situations with your supervisor during your conference.

Respondent Confidentiality Issues

On occasion, study participants may be asked to serve as translators, endorsers of the study or as escorts in dangerous segments or gated communities. In previous years, study participants have also served as field interviewers or MEC/field office local clerks. When participants volunteer or are hired in this manner, they must sign the nondisclosure agreement and Westat employment forms as necessary. Only when they agree to these terms and sign the forms will they begin work as employees or volunteers of the study. It is also important to note that they should not be prompted to divulge their own names and experiences as study participants unless they do so on their own volition.

10.1.3 Obtaining the MEC Examination Appointment, Informed Consent, or Rescheduling Broken Appointments

If you have any difficulties making a MEC examination appointment, obtaining signed consent forms, or rescheduling a broken MEC appointment, record the disposition code on both the front and back of the Household Folder and complete a **Nonresponse Card**. Specifications for completing this card are in Section 10.4 of this chapter.

10.2 Completing the Screener Vacant/Not a DU Form

If the answer to question 1 on the Neighbor Information Form is “No” (the address is not currently occupied), follow the skip instructions and turn to page 2, the Screener Vacant/Not a DU Form. This form (Exhibit 10-1) is to be completed when you encounter vacant/not a DU situations. This form will provide your supervisor with an accurate description and documentation of the circumstances encountered.

If the DU is vacant or not considered a DU for this study, complete the appropriate sections on the Screener Vacant/Not a DU Form. Living quarters are vacant if no persons are living in them at the time of your first visit. If the occupant is only temporarily absent and is expected back before the stand closes, consider the unit as occupied.

Note the following:

Section I – Vacant/Not a DU

- Item A. If you have checked the box for “NOT A DU, OTHER REASON,” be sure to specify in **as much detail as possible**.
- Item B. Record completely all signs of vacancy including verification (e.g., from neighbor or resident manager if obtained).
- Item C. Record any and all signs of information that the DU does not qualify as a sample unit.

10.3 Documenting Nonresponse and Completing the Nonresponse Card for Screener, SP Interview, Family Interview, Dust Collection, and MEC Appointment Nonresponse

It is important to stress that on the basis of the nonresponse information you provide, your supervisor will decide whether to refield the case. If a case is refielded, the interviewer to whom the case is reassigned will also use this information. It is, therefore, very important for you to fill out the Nonresponse Card as completely and accurately as possible to give your supervisor and any future interviewer a full description of the problem and any suggestions you have about how to deal with it. Whenever necessary, make any additional notes you feel are pertinent.

The Nonresponse Card (Exhibit 10-3) is used if an interviewer has been unable to complete either a Screener, SP interview, Family interview, the Dust Collection process, or schedule or reschedule a MEC exam appointment. The **first** interviewer who experiences any one of these situations must:

- Document the situation in detail on the Result of Contacts page on the back of the Household Folder.
- Enter case specific information on the top of the Nonresponse Card.

Exhibit 10-3. Nonresponse Card (continued)

[illegible]

WAS A NONRESPONSE LETTER SENT? ☐ YES ☐ NO

DATE SENT _____

FED EX? ☐ 

- Enter the SP specific information in the appropriate area of the card.
- Enter the type of nonresponse (code) and the result code from the back of the Household Folder Result of Contacts page in the first available row of the Nonresponse Card.
- Enter the nonresponse code in the appointment disposition column on the front of the Household Folder.

The conversion interviewer assigned the nonresponse case must document his or her efforts on the remainder of the Nonresponse Card using the following specifications.

10.3.1 Specifications for Completing the Nonresponse Card

The Nonresponse Card is somewhat similar to the Household Record of Calls. The first interviewer who experiences nonresponse must record the case-specific information (Stand, Segment, Serial and Family #) and if SPs are identified, record the SP specific information (SP name, SP ID, Person #, Age, Gender, and Race/Ethnicity) in the appropriate areas of the card. Note: There is room on the card to record information about 6 SPs from a family.

Screener Not Complete/Information Only Box

A Nonresponse Card should be included with each screener submitted with an interim disposition (i.e., Language Problem, Not home After Multiple Attempts, etc.). Place a check mark in the “Information Only” field and document information gathered while attempting to screen the household (i.e., “teenage male approx. 14 years old answered door and explained that his parents work late. I’ve tried to reach them as late as 8 p.m. Try weekend mornings after 8 a.m. Father drives a green pickup.”).

Documenting Non Response

The first attempt line on the Nonresponse Card is used to record information from the last row of the Result of Contacts page on the back of the Household Folder. Enter the interviewer ID, the Day, Date and Time, and the type of nonresponse. Use the type of nonresponse codes from the box at the top of the Nonresponse Card. Then enter the result code from the Result of Contacts page on the back of

the Household Folder. Enter a ‘C’ for Cancel or a ‘NS’ for No Show in cases of broken MEC Exam appointments (first interviewer).

The interviewer who is assigned the case to convert the nonresponse must document his or her efforts on the remainder of the Nonresponse Card using the following specifications.

ATTEMPT #:		Enter all attempts on this card as they occur. All attempts should be consecutively numbered.
INTERV. ID:		Enter your identification.
DAY OF WEEK:	■	
DATE:	●	
TIME:	■	Complete just as on Household Folder.
SP QUEX – DUST COLLECTION – APPOINTMENT:		Check the box, according to the type of nonresponse.
RESULT CODE:		Enter the appropriate result code for the SP Questionnaire, the Dust Collection process, or the MEC Appointment scheduling or rescheduling process. These codes are listed (Exhibit 10-4) on page 5 of the Household Folder.
REASON CODE:		Enter the reason code(s) for the nonresponse. Enter all codes applicable. All reason codes (01 through 41) are listed on the bottom of page 5 of the Household Folder (Exhibit 10-4).
TYPE OF NONRESPONSE:		Enter the type of nonresponse from the codes listed on the top of the Nonresponse Card.
PERSON:		Enter the Person number(s) to whom the nonresponse information applies.

10.3.2 Documenting Nonresponse Using “Remarks”

Whenever documenting nonresponse, whether you are the first interviewer who experiences a problem, or you have been given a nonresponse case to work, you should provide the following information in the “Remarks” column of the Record of Calls or the Nonresponse Card.

1. Physical appearance/health—size, weight, condition (normal/frail, handicapped, any physical/mental condition which would keep respondent from coming to MEC)
2. Attitude (normal, scared, angry)
3. Details on conversation between you and respondent—what respondent said/what you said

4. Details on conversations between you and neighbors when a screener has not yet been completed
5. Type and condition of DU (apartments, single homes, well-kept lawns, rundown, high security)
6. Type of neighborhood (low income, middle income, high income, singles, families, professionals)

Keep the remarks legible, complete and pertinent. Complete means documenting what happened; it does not necessarily mean complete sentences. Good phrases are adequate. Note that your best guess or estimate will do in cases where you do not have data.

The following pages contain examples of accurately completed Nonresponse Cards.

EXAMPLE 1:

John Jones is the only SP in the household. He completed the Screener and Relationship questionnaires but says he is too busy to do anything else for us. He works two jobs and those jobs keep him busy day and night. He also is very suspicious of anything the government is doing. The interviewer tries to talk him into completing the SP questionnaire but does not succeed. On the first refusal conversion attempt, the interviewer talks John into completing the SP questionnaire and making a MEC appointment.

STAND #				SEG #				SERIAL #				FAM #			
555				10				12				01			

NONRESPONSE CARD

INFORMATION ONLY ☐

CODES FOR TYPE OF NONRESPONSE:		SCREENER NONRESPONSE = SCR	MEC APPOINTMENT NONRESPONSE = MEC
		SP QUEX NONRESPONSE = SP	DUST COLLECTION NONRESPONSE = DC
		FAMILY = FAM	

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
John Jones	123456	01	28	M	WHITE

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST ROC ATTEMPT	JMS	THU	6/10	7:10pm	22	25, 16	SP/MEC	01	Sp says he's too busy - works 2 jobs day and night. Very suspicious of government involvement.
01	AKL	SUN	6/13	3pm	11			01	Interview completed, MEC appt scheduled 6/19 at 1:30pm.

EXAMPLE 2:

Mr. (SP #1) and Mrs. (SP #2) Smith are an elderly couple who are both SPs. They completed the Screener, Relationship, and both SP questionnaires. However, they will not make a MEC appointment. They are afraid to go out of their house because they are both somewhat frail and they worry that this study may be some sort of a scam. They have heard a lot about sales people who prey on the elderly and suspect this study may not be legitimate. After a somewhat lengthy discussion, the interviewer decides someone else may have more success in convincing Mr. and Mrs. Smith to participate. The conversion interviewer goes out to talk to the Smith's but no one answers the door. On the second visit, the conversion interviewer persuades Mr. and Mrs. Smith to appoint to the MEC.

STAND #				SEG #				SERIAL #				FAM #			
555				10				04				01			

NONRESPONSE CARD

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR
 SP QUEX NONRESPONSE = SP

INFORMATION ONLY ☐

MEC APPOINTMENT NONRESPONSE = MEC
 DUST COLLECTION NONRESPONSE = DC
 FAMILY = FAM

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
MR. Smith	234567	1	82	M	WHITE
MRS. Smith	890123	2	79	F	WHITE

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST REC ATTEMPT	SLO	MON	9/2	10:30am	22	06,30 31	MEC	01/02	The Smiths refused the MEC exam for fear of being scammed. They've heard stories of salesmen preying on the elderly and they're convinced we're part of the conspiracy. Both SPs seem frail.
01	MNP	WED	9/4	11:15am	23	41	MEC	01/02	No one answered the door. Sps may be hiding inside.
02	MNP	FRI	9/6	6pm	11			01/02	Sps scheduled for the MEC exam on Monday, 9/9 at 8:30am.

EXAMPLE 3:

Mr. and Mrs. Logan are both SPs. Mrs. Logan completed the Screener and Relationship questionnaires and the SP questionnaire. However, she will not make a MEC appointment because her husband does not want her to and she has her own doctor so she doesn't see why she needs to. Mr. Logan refuses to do his SP questionnaire. He says the whole process will take too much time and he doesn't trust anything the government does. The conversion interviewer visits the next week. She appoints Mrs. Logan to the MEC but has no luck with Mr. Logan.

NONRESPONSE CARD

INFORMATION ONLY ☐

STAND #	SEG #	SERIAL #	FAM #
555	02	54	01

CODES FOR TYPE OF NONRESPONSE: SCREENER NONRESPONSE = SCR MEC APPOINTMENT NONRESPONSE = MEC
SP QUEX NONRESPONSE = SP DUST COLLECTION NONRESPONSE = DC
FAMILY = FAM

NAME	SP ID	PER #	AGE	GENDER	RACE/ETHNICITY
Mr Richard Logan	369482	1	42	M	Black
Mrs Betty Logan	182945	2	43	F	Black

ATTEMPT #	INTRV ID	DAY	DATE	TIME	RESULT CODE	REASON CODE	TYPE OF NONRES	PER #	REMARKS
LAST ROC ATTEMPT	KLS	Sat	3/19	4pm	22	19, 28	MEC	02	Mrs Logan's husband, Richard, does not want her to participate any further. She also insists that she doesn't need our exam because she has her own doctor.
	"	"	"	"	22	25, 16, 20	59/MEC	01	Mr Logan is too busy and distrusts the govt.
01	ADW	Tue	3/22	6:15pm	11			02	Mrs Logan appted for 3/29 at 1:30pm
	"	"	"	"	22	12, 22		01	Mr Logan would not speak with me. May be interested after his wife's exam is completed.

Exhibit 10-4. Result and Reason Codes From Back of Nonresponse Card

CALL RECORD RESULT CODES				
SCREENER CODES	RELATIONSHIP CODES	SAMPLE PERSON/ FAMILY CODES	DUST COLLECTION CODES	MEC APPOINTMENT SCHEDULING CODES
Complete - No SP's..... 1	Complete..... 10	Complete..... 10	Complete..... 10	Scheduled..... 11
Complete - With SP's..... 2	Illness..... 20	Illness..... 20	Illness..... 20	Illness..... 20
SUPERVISOR USE ONLY:				
Complete - No SP's Based on Non-HH Information..... 3	Refusal/Breakoff..... 22	Consent Form Refusal..... 21	Consent Form Refusal..... 21	Consent Form Refusal..... 21
Complete - With SP's Based on Non-HH Information..... 4	Not at Home..... 23	Refusal/Breakoff..... 22	Refusal/Breakoff..... 22	Refusal/Breakoff..... 22
Out of Scope..... 5	Unavailable During Field Period..... 24	Not at Home..... 23	Not at Home..... 23	Not at Home..... 23
	Language Problem..... 25	Unavailable During Field Period..... 24	Unavailable During Field Period..... 24	Unavailable During Field Period..... 24
	Other (Specify)..... 26	Language Problem..... 25	Language Problem..... 25	Language Problem..... 25
		Other (Specify)..... 26	Other (Specify)..... 26	Other (Specify)..... 26
Unable To Enter Structure..... 6				
Vacant..... 7				
Not a Dwelling Unit..... 8				
New Construction..... 9				
Illness..... 20				
Refusal/Breakoff..... 22				
Not at Home..... 23				
Unavailable During Field Period..... 24				
Language Problem..... 25				
Other (Specify)..... 26				

REASONS FOR REFUSING SP QUESTIONNAIRE OR MEC APPOINTMENT		
HEALTH RELATED REASONS	PERSONAL REASONS	SAMPLE PERSON/ FAMILY CODES
None..... 01	HH INTERVIEW/DUST COLLECTION	MEC/HOME EXAM
Personal Ill Health..... 02	Not Interested..... 12	Not Interested..... 24
Family Illness or Death..... 03	Doesn't Want to Be Bothered..... 13	Lack of Time..... 25
Doctor Says No..... 04	Nervous/Tired..... 14	Work Conflicts..... 26
Hospitalized..... 05	Concerns About Privacy..... 15	Friends/Relatives Advise Against It..... 27
Disabled/Frail..... 06	Suspicious..... 16	Have Own Doctor..... 28
Suspect Cognitively Impaired..... 07	Language Problems..... 17	Fearful of Results..... 29
On Med/Alco/Dr..... 08	Length of Interview..... 18	Fearful of Leaving House..... 30
Blind or Deaf..... 09	Friends/Relatives Advise Against It..... 19	Suspicious..... 31
	Concerns About Medicare or Other Federal Programs..... 20	Length of Exam..... 32
	Never Spoke With SP, Only Intermediary ... 21	Distance to Exam Center..... 33
	Other (Specify)..... 22	Forgot to Fast..... 34
		Reminder Notice Not Sent..... 35
		Taxi Problem..... 36
		Weather Conditions..... 37
		Anti-Government Surveys..... 38
		Moved..... 39
		Out of Town..... 40
		Other (Specify)..... 41

HOME EXAM APPT SCHEDULING CODES	
TO BE USED BY INTERVIEWERS/FO SCHEDULING THE HOME EXAM	HOME EXAM RESULT CODES
Scheduled..... 11	Examined..... E
Illness..... 20	Canceled..... C
Consent Form Refusal..... 21	No Show..... NS
Refusal/Breakoff..... 22	
Not at Home..... 23	
Unavailable During Field Period..... 24	
Language Problem..... 25	
Other (Specify)..... 26	
Qualified/Not Offered..... 27	

10.4 Completing the Neighbor Information Form

If after two visits, it appears that you may not reach an eligible household member, you should attempt to complete the Neighbor Information Form with two knowledgeable neighbors. An example of this form appears as Exhibit 10-5. There are a number of considerations to keep in mind whenever you contact a neighbor. These considerations are detailed in Section 6.1.3 of this manual.

Document household member data obtained from two “neighbors” or other knowledgeable informants.

Item Specifications

Sampling Box. The information in this box tells you which persons in the household will be selected as SPs. The information is first organized by race/ethnicity. The information is then organized into specific gender and age categories. Your supervisor will use this sampling information, along with the remainder of the information you collect on the NIF, to determine if the household is eligible and what further action will be taken for the case.

Introduction. Use the introduction printed on the form to begin asking the questions.

1. First determine whether the sampled dwelling unit is occupied.
2. If the dwelling unit is occupied, obtain the best time to reach the household. This could be a specific day and time or a general time (for example, weekdays after 7 p.m.).
3. Obtain the total number of people who **usually** live at the dwelling unit.
4. **Household Demographic Information**—Record as much information as you need to apply the sampling message from neighbor #1 and #2 on this grid.
 - **NAMES.** Include the names of household members. If you cannot obtain names, list the family structure (e.g., Father, Mother, Son #1, Son #2) as completely as possible.
 - **GENDER, AGE, ETHNICITY, AND RACE.** This information will enable the sampling message to be applied.

Exhibit 10-5. Neighbor Information Form

Household ID (Stand-Seg-Serial): _____

Sample Dwelling Unit Address: _____

Interviewer ID: _____

NHANES NEIGHBOR INFORMATION FORM

SAMPLING MESSAGES

INTRODUCTION: Hello, I'm (NAME) and we are conducting a survey for the U.S. Public Health Service (SHOW ID BADGE). I have tried to contact the people who live at (ADDRESS).

	NEIGHBOR #1	NEIGHBOR #2		
1. Is (ADDRESS) currently occupied?	YES 1 NO 2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)	YES 1 NO 2 (GO TO PAGE 2) DK (GO TO ANOTHER NEIGHBOR)		
2. When is the best day and time to reach them at home?	_____	_____		
3. How many people usually live at (ADDRESS)? (Include babies, small children, relatives, lodgers, boarders, and any other persons who usually live there but are now away from home.)	<div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div> NUMBER	<div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div> NUMBER		
4. RECORD AS MUCH INFORMATION ABOUT THE SAMPLE HOUSEHOLD AS POSSIBLE FROM NEIGHBOR #1 AND #2 ON GRID BELOW.				
PERSONS IN HH (NAME OR #)	GENDER	AGE (OR AGE RANGE)	HISPANIC/LATINO ORIGIN (MEX/OTHER HISP/NO)	RACE (W, B, O)

	NEIGHBOR #1	NEIGHBOR #2
5. My supervisor may need to contact you to verify my work. What is your name, address and phone number?	NAME: _____	NAME: _____
	ADDRESS: _____	ADDRESS: _____
	TELEPHONE: _____	TELEPHONE: _____
	DATE COMPLETED: _____	DATE COMPLETED: _____
6. AFTER YOU HAVE COMPLETED THIS FORM WITH 2 NEIGHBORS AND OBTAINED EQUIVALENT INFORMATION FOR THE SAMPLED DWELLING UNIT, CHECK WITH YOUR SUPERVISOR FOR INSTRUCTIONS. DATE APPROVED BY SUPERVISOR: _____		

Collect only as much information as you need to enable the sampling procedures to be applied. Example: If the sampling message indicates that only females should be selected and you are told that only males live in the household, you should not ask about age, ethnicity and race because you already know that no one in this household has a chance of being selected. If the sampling message indicates that only individuals who are age 60 or over should be selected and you learn that all members of the household are under 60 years old, you should not ask about ethnicity and race because you know at that point that no one in the household has a chance of being selected.

5. Provide the details on the **two** sources of information (name, address, telephone number, and date completed). We must have complete contact information for the two “neighbors” providing the data. If the case falls into the validation sample, we must be able to confirm the data.
6. After the form is completed and you have obtained **equivalent** information for the DU, check with your supervisor for further instruction.

You are Unable to Enter the Structure

You may encounter a building that is locked for security reasons. Many locked buildings contain entryways with intercom systems to provide communications with the residents of the building. Access to the individual units can be gained only with a key or by contacting a resident on the intercom who unlocks the door from the inside. Listed below are the procedures you should follow if you have sampled units in such a building:

- Attempt to make contact by using the intercom system to speak directly with a household member from the sampled unit.
- If this does not work (e.g., intercoms not available), try to contact the resident manager for permission to gain entry. The manager may ask for further verification (i.e., a letter or telephone call). When this happens, record his/her name, address, and telephone number (if appropriate) on the Call Record on the back of the Household Folder and inform your supervisor. Your supervisor will send the building manager a Resident Manager’s Package. This package contains several items: a letter briefly explaining the purpose of the study, printed on NCHS letterhead; one or two newspaper articles from prominent publications and, if available, a local newspaper and the Screener Brochure. This package is usually sent using a mail express service to ensure timely delivery. Your supervisor may ask you to make an in-person follow-up visit to the manager a few days after the package is sent.

Because security systems vary widely with locality, always contact your supervisor if you have any questions on how to proceed.

If you cannot gain entry by making contact with the sampled DU or resident manager, complete code the Household Folder with the one-digit code (6) and return the case to your supervisor during your next scheduled conference.

Note: You may be assigned cases that were discovered to be in security locked buildings during the listing operation. Your supervisor will help you handle these cases if you are assigned them.

11. QUALITY CONTROL

Data quality is an ongoing process that begins at training and continues throughout the course of the study. Collecting and recording data accurately is a vital aspect of your role as an interviewer. It is your responsibility to listen carefully to the respondent, record information accurately, and review all aspects of your work.

A variety of quality control techniques will be used during the field period to assure the quality of the study:

- Field observations;
- Field editing;
- Field office review of cases for errors and discrepancies; and
- Validation.

11.1 Observations

Observations are normally conducted by Westat or National Center for Health Statistics (NCHS) staff. The purpose of the observation is to assess all aspects of interviewer performance, such as appropriately reading questions, probing for responses, and smooth management of the computer-assisted personal interview (CAPI) system and paper documentation. Other skill areas that will be observed are your ability to follow the data collection protocol, obtain cooperation for all modules, explain the study, answer questions, and maintain rapport with the respondent.

The observer typically meets the interviewer prior to the appointment. The interviewer will introduce the observer as a colleague who is coming along to observe interviewer procedures. The observer may follow along with the interview using his or her own CAPI system. Keep in mind that when observers maintain a low profile, respondents usually assume that they are newcomers being introduced to the survey and are not greatly distracted by them. Once you have left the respondent's home, the observer discusses your performance and, if needed, methods of improvement.

11.2 Field Edit

Before turning in a case to your field manager you should carefully review each hard-copy case document. This review is called field editing and should take place shortly after you have completed a case. Edit during times when you cannot be interviewing.

Editing procedures for CAPI differ from traditional questionnaires. In a CAPI study, the computer automatically follows the programmed skip logic and an item-by-item proofreading of the case is not possible. Once you complete a case you will not be able to access it again. Therefore, the field editing is limited to three main parts:

- An accounting of all required materials for the case;
- An item-by-item proofreading of all the hard-copy forms associated with each case; and
- A review of certain screens on your pentop.

NOTE: During your field edit you may find missing respondent data. You should never recontact a respondent for omitted information or to correct an error made while interviewing, unless you have first discussed the situation with your supervisor and received his/her permission to recontact the respondent.

The field edit should be performed as soon as possible after you return home from completing an interview and must be completed before you report to your supervisor for your next conference.

11.2.1 Accounting for Case Materials

When processing completed cases it is critical to have all of the materials that comprise each case. As part of your field edit, therefore, you must review each case to verify that all required materials are present in the Household Folder, that all forms are properly labeled, and that all summary tables on the front cover of the Household Folder have been properly and completely filled out.

To eliminate the possibility of confusion about which case a document belongs to, you should always check to make sure you have completed all necessary identifying information on all forms immediately after leaving the household. During your edit, make a final check to verify that the proper form of identification information is in place and is correct.

You should have the following materials for each case:

- Household Folder with a Household Assignment Label; and
- Neighbor Information Form/Screening Interview Non Response form.

If the household has Sample Persons:

- Appropriate Household Interview Consent Forms.

If the household has been selected for the Dust Collection procedure and the procedure has been undertaken:

- Completed Lead Dust Sampling Form;
- Signed Dust Collection Consent Form; and
- Labeled sample tubes.

If SPs have been appointed:

- Appropriate Consent/Assent Forms for each SP.

If there are children under 16 years old who need to be transported to the MEC:

- Authorization for Transportation Form.

If there are SPs 20-59 years old who fall into the VOC sample:

- VOC water collection kit.

If the case involves SP, Dust Collection or MEC appointment non response:

- Nonresponse Card.

11.2.2 Editing Hard-copy Materials

During your edit, review each hard-copy form associated with a case (Household Folder, the Nonresponse Card, the Neighbor Information Form, the Screener Non-Interview Form, Consent Forms, the Lead Dust Sampling Form, Authorization for Transportation Form, etc.). Corrections on any hard-copy materials should be made using the following guidelines:

1. Check instructions and delete extraneous information and note any omissions;
2. Make sure the participant ID appears on every hard-copy item associated with the case and your ID is recorded on appropriate forms;
3. Enter missing items on administrative forms (e.g., disposition codes, SP ID, etc.);
4. Clarify sloppy coding and illegible handwriting; and
5. Spell out abbreviations other than those commonly used.

11.2.3 Reviewing Certain Screens on Your Pentop

Before you turn in finalized cases to your supervisor, you are required to complete key CAPI screens in your pentop. More specifically:

- Each finalized **module** (Screener, Relationship Module, SP Questionnaire, Family Questionnaire, Appointment and Dust Collection Module) of the case must have a finalized deposition entered on your pentop case assignment screen (see Chapter 6).
- If MEC appointments have been made, the MEC Appointment/Consent Module must be completed **for each SP** (see Chapter 8).
- If you have discovered a missed dwelling unit, a new case must be created in your pentop for each unit discovered (see Chapter 12).

11.3 Field Office Review of Cases

In addition to your field edit, your work will be reviewed in the field office. You will be notified by your supervisor of any problems are discovered with your work.

11.4 Validation

Validation is used to make sure that an interview was conducted with the assigned household according to procedures. Persons working in the field office will be responsible for phoning or visiting a sample of survey households and asking a few questions about the interview.

Our procedures require that a systematic validation be done of **all** cases returned by an interviewer (this will include completed cases, ineligible screeners, vacancies, etc.). This process serves to assure NCHS that the data collected are valid.

11.5 The Importance of Entering Accurate Key Information

There are certain key items that are collected both on the Screener and the SP questionnaire. These include age, birthdate, gender, spelling of last name, and address. This information is used to ensure that SPs get appropriate examination modules, for forwarding reports of findings, for tracking the SPs over time, and for developing estimation procedures used in the analyses of the data. Thus, it is critical that the information you obtain be completely accurate.

Demographic Data

It is up to you, as you are administering questionnaires to household members and before you leave the household, to resolve any inconsistencies that have arisen on gender, age, birthday, and name. Name, age, birthdate, and gender are currently recorded in the CAPI Screener. When you begin the extended CAPI interviews, you are asked to verify this demographic data again with the respondent and are given the opportunity to make changes if errors are noted. At this point remember that if you make any changes in CAPI, you must also go back and correct any hard-copy materials on which this information is recorded. When you upload your completed interview, corrections to any demographic errors will be made automatically in ISIS.

Addresses

As you know, when you administer the Screener in a household, you confirm the street address and ask if there is a separate mailing address. Recording these items accurately is **critical** to the tracking effort for the follow-up phase of the study and for forwarding reports of findings to SPs.

11.6 Checks for Key Information

At the field office, the editors check all key items again carefully, and data retrieval will be carried out as necessary. In addition, the MEC Coordinators also compare the data furnished in ISIS to that given by the SPs when they come to the exam center for their examinations. Make sure that you have made every effort to record missing items and resolve inconsistencies before materials are turned into the field office.

11.7 Updating Procedures and Specifications

It is impossible in a study of this size to anticipate every situation that might arise during the course of the field work. Occasionally points already covered in the Interviewer's Manual will need to be expanded or clarified or new points will need to be made. Updates will be issued in the form of field memos or changed pages to your manual. All changes will be numbered and distributed by your supervisor. If you have any questions regarding the content of a field memo or changed page, ask your supervisor for clarification.

12. QUALITY CONTROL OF LISTING

Before the sample was selected, listers were to record address information for each dwelling unit (DU) in each of the segments. When the segments were listed, however, it is possible that some DUs were missed. This can happen for a variety of reasons, including:

- What appeared upon observation to be one type of DU is entirely different when you get inside the structure; or
- The DU is difficult to find or "hidden" within the structure.
- The lister made an error;

Since it is important that every household has a chance of being selected, it is necessary to represent each DU. Procedures, therefore, have been developed to pick a sample of those DUs that should have been listed originally but for some reason were not.

There are two procedures designed to do this: the Missed DU procedure and the Missed Structure procedure. These allow staff, while in the field, to select and interview at a sample of DUs that have been missed during listing. You will perform the Missed Structure procedure when instructed to do so by your supervisor. At that time he or she will explain the procedure to you.

This chapter explains the Missed DU procedure, how to deal with completing the necessary forms, selecting the DUs, and interviewing additional households.

12.1 Missed DU Procedure

If you are to perform the Missed DU procedure at the assigned address, the following message will be printed on the household identification label under the heading 'MISSED DU'.

CHECK FOR ANY DUS IN THIS BUILDING WHICH ARE NOT ON THE LISTING SHEET.

An assigned address where you are instructed to perform the Missed DU procedure may be a single-family house or a multi-unit building (e.g., apartment house).

To check for the additional or missed DUs in either a single family house or multi-unit building, you need to follow the procedure written at the top of page 3 of the Household Folder (see Exhibit 12-1). Those procedures appear below:

Step 1: Ask the respondent for his/her help before leaving the household by saying: "We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we listed ____ households in your structure. Are there any other living quarters in here that we may have missed?"

If there is no eligible family or sample person (SP) selected or the SP is not at home, you should ask this question of the Screener respondent after completing the Screener interview. If there is an eligible family and SP in the household, conduct all relevant interviews (if the appropriate person(s) is at home) before you ask for help with the Missed DU procedure.

EXCEPTION: If the process of listing household members in the Screener leads you to believe that there is more than one DU, you will be required to determine the status of the household at that point. (See instructions on page 4-7 through 4-9.)

Step 2: Check in the lobby (i.e., mailboxes and bells) and around the outside of the house/building for additional units or entrances to the house/building. In a multi-unit building, you must be careful to look for a basement or out-of-the way apartments that may have easily been missed in listing.

If you find any additional DUs that you think were missed, be sure to carefully check the addresses and/or location descriptions against the Listing Sheets in your Segment Folder (see Chapter 3). If the unit was originally listed on one line of the Listing Sheet, as a single-family house, and you have discovered more than one DU at the assigned address, you have found a missed DU. If the unit was originally listed as a multi-unit building, with each apartment listed on a line of the Listing Sheet, check that any additional apartments you discover in that building or on that floor(s) are not already listed on the sheet. If you discover a DU that is not listed, you have found a missed DU.

Once you have checked the DUs against the Listing Sheet and verified that they are missed DUs, you will need to complete the Missed DU Form located at the bottom of page 3 of the Household Folder (see Exhibit 12-1). You should complete this form according to the following specifications.

1. Record the addresses and/or location descriptions of the discovered DUs on the form. If there is more than one, record them in the same order that they would be listed. That is, if the building contains numbered/lettered apartments, consider them in the following order:

- Basement apartment first;
- Then, the lowest numbered/lettered apartment to the highest; and
- Attic apartment last.

If the building contains apartments with no numbers/letters, consider them in the following order:

- Bottom floor to top floor; and
- Right to left in relationship to the main door within each floor.

2. Number each case consecutively (i.e., 1, 2, 3, . . .).
3. If four or fewer missed DUs are discovered in a particular structure, enter the address of each DU in your pentop, using the Missed DU Screen (see Exhibit 12-2).
 - This will create a separate case on your pentop for each DU. The procedure for entering addresses of Missed DUs appears below:
 - Tap on the Interview Manager Icon;
 - Tap on the "MISSED DU" tab;
 - Enter the Segment;
 - For missed DUs, enter the serial number of the DU at which you discovered the missed DU;
 - Indicate whether the new dwelling unit was discovered as a result of a Missed DU or Missed Structure procedure message;
 - Use the 'Turn On Pad' button to access the keypad and enter the address of the dwelling unit; and
 - Tap on the 'Next' button to enter another address or the 'Next' button to accept your entries and exit the Missed DU screen.

Exhibit 12-1. Missed DU Form

MISSED DWELLING UNIT PROCEDURE

- BEFORE LEAVING HOUSEHOLD, SAY:** We want to be sure that every household in this area has been given a chance to participate in this important survey. At this address we have listed ____ households in your structure. Are there any other living quarters in here that we may have missed?

Queremos estar seguros que cada hogar en esta area ha tenido la oportunidad de participar en esta importante encuesta. En esta dirección listamos ____ hogares en su estructura. ¿Hay algunas otras unidades de vivienda aquí que podíamos haber pasados por alto?
- ALSO, CHECK IN THE LOBBY AND AROUND THE OUTSIDE OF THIS (HOUSE/BUILDING) FOR ADDITIONAL UNITS OR ENTRANCES IN THIS STRUCTURE.**
- RECORD ALL DISCOVERED DU'S ADDRESSES. NUMBER CONSECUTIVELY (I.E., 1, 2, 3) ON FORM BELOW. IF NO ADDITIONAL DU'S, CHECK THE CIRCLE IN THE UPPER LEFT-HAND CORNER OF THE FORM.**
- IF 1 TO 4 MISSED DU'S ARE DISCOVERED, CREATE A NEW MISSED DU CASE ON YOUR LAPTOP AND FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH (INSTRUCTIONS FOR HOW TO DO THIS ARE IN THE INTERVIEWER MANUAL). CONDUCT SCREENER INTERVIEW. ADD THE DISCOVERED DU'S TO THE LISTING SHEET.**
- IF 5 OR MORE MISSED DU'S ARE DISCOVERED, CALL SUPERVISOR FOR INSTRUCTIONS BEFORE YOU DO ANY ADDITIONAL SCREENER INTERVIEWS. ADD ALL OF THE DISCOVERED DU'S TO THE LISTING SHEET. CREATE A NEW MISSED DU CASE FOR THE SELECTED CASES ON YOUR LAPTOP AND THEN FILL OUT A CASE ASSIGNMENT BOX ON A BLANK HOUSEHOLD FOLDER FOR EACH SELECTED SAMPLE DU AND CONDUCT SCREENER INTERVIEW.**

CHECK MISSED DU
PROCEDURE COMPLETED

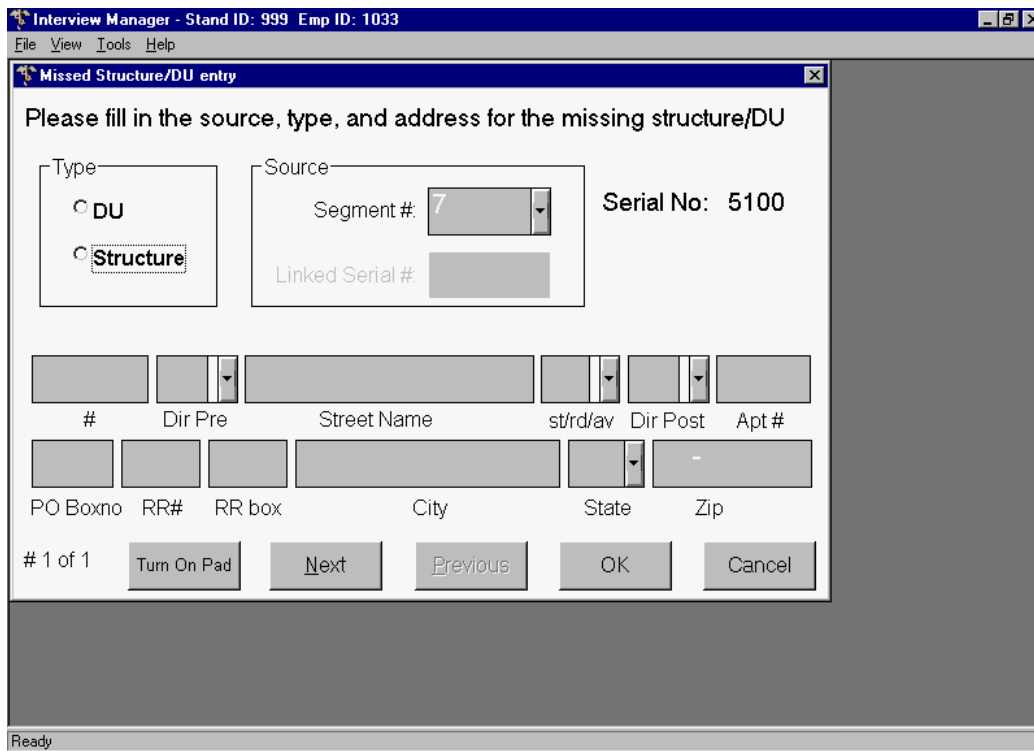
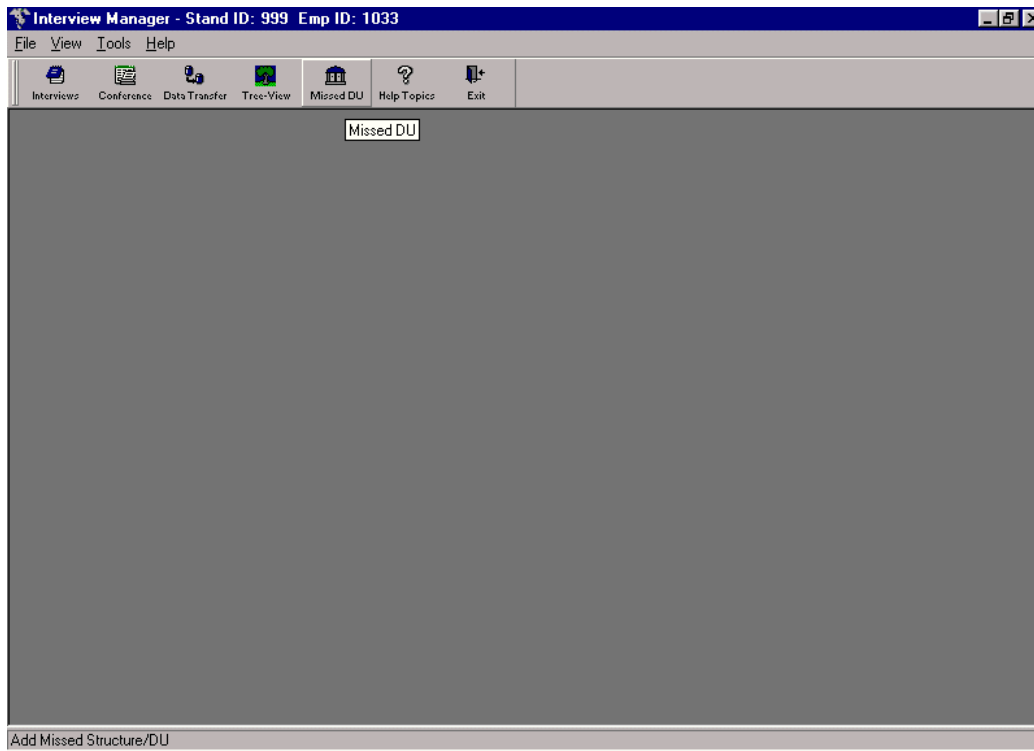
MISSED DU FORM

NUMBER CONSECUTIVELY (1, 2, 3)	ADDRESS OF DISCOVERED D.U.

TOTAL ADDITIONAL D.U.'S:

NOTE: BE SURE TO THANK RESPONDENT

Exhibit 12-2. Missed DU Screen



- CAPI will then create a new case for the new unit.
 - The case will be added to the bottom of your case assignment list on your pentop. It will always be assigned a 5000 serial number.
 - Using the information on your pentop, fill out the Household Assignment Box on a blank Household Folder for each new case created.
 - If you have another new DU to enter, tap the "NEXT" button.
 - When you are finished entering all new DU addresses, tap the "OK" button.
4. If five or more missed DUs are discovered in a particular structure, follow the procedures described below:
- Call the field office before doing any additional work. The field office will select those DUs that should be added to the sample and contacted for screening.
 - For each new **selected** DU, create a new case in CAPI using the steps described above.
 - The case will then be added to the bottom of your Case Assignment List on your pentop.
 - Using the information on your pentop, create a Household Folder for each new case (see Section 12.3).

REMEMBER: You are only to add newly discovered DUs to the sample if there is a message on the Household Folder address label to perform the Missed DU procedure. If you discover a missed DU at an address that does not have a missed DU message, do not add the discovered DU to the materials and do not contact the household for screening.

If you have been instructed by a message on the Household Folder address label and a message in CAPI to do the Missed DU procedure, and have asked the respondent and checked the premises for additional DUs, **place a check in the box located in the middle of page 3 of the Household Folder. You must check this box even if you do not discover any missed DUs. This is the only way we will know that you have carried out the procedure.**

12.2 Creating a Household Folder for Missed DUs

You should always carry several blank Household Folders with you in case additional DUs are discovered as a result of the Missed DU procedures. You will need to create a Household Folder for each discovered DU that is selected. To do this:

- Access your **Screener** Case Assignment List on your pentop;
- Locate the address of the newly created unit at the bottom of the screen;
- Record the stand number, segment number and newly assigned serial number in the Household Assignment area; and
- Record the address and/or location description in the Household Assignment area.

This folder will be used for recording all actions with the household in the selected DU. You should attempt to contact the household and conduct the Screener.

12.3 Sampling Messages for Missed DUs

When screening Missed DUs, you should use the sampling message associated with the assigned address where you are instructed to perform the Missed DU procedure.

12.4 Examples of Missed DU Situations

The following examples illustrate some situations where missed DUs were discovered and the interviewer used the Missed DU procedure.

EXAMPLE 1:

An interviewer working in Segment 12 is assigned case 001-12-0015 that was listed as a single-family house at 1140 Jonas Avenue. The Household Assignment Label for this case contains the Missed DU message. When the interviewer arrives, s/he realizes that even though there is one entrance, the house is divided into four apartments (A, B, C, and D). One of the apartments is accounted for by the Listing Sheet (in this case A since it is the lowest letter) but the other three have been missed. S/he completes the Missed DU form in the following manner:

[illegible]

EXAMPLE 2:

**CHECK MISSED DU
PROCEDURE COMPLETED**

[illegible]

2

NOTE: BE SURE TO THANK RESPONDENT

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12.5 Creating a Missed Structure or Dwelling Unit

Your supervisor may ask you to perform the Missed Structure procedure in certain segments. When you discover a missed DU (defined as a single room or groups of rooms that is intended for separate living quarters and has a separate entrance directly from the outside of the building or through a common hall), you can create these cases on your pentop and proceed with screening and interviewing.

When a missed structure (defined as a building that contains one or more dwelling units), is discovered you can create these cases on your pentop as well. However, not all missed structures are selected to be part of the sample. The case/s will appear in the screener module of CAPI if the case is available for screening and interviewing.

In the event that you are working in a segment in which the missed structure procedure is being applied and you discover five or more missed structures, you will have to call the FO in order to proceed and the FO will contact the HO.

When the HO receives a call from the field to report an interviewer having identified five or more missed DUs, information will be collected about the missed DUs (including the number identified) and a sampling algorithm will be run. The end result of this process will be the identification of those households that should be added to the sample (e.g., of the 20 missed DUs, select 2, 5, 7, 9, 12, 14, 16 to be screened).

Until the screener(s) associated with the missed DU/structure procedure have been uploaded to ISIS, it will not be possible to schedule a MEC exam appointment in the Appointment Management module. In the event that you call the FO to schedule an SP from a missed DU/structure before you have done a data transfer, the details of this appointment must be recorded on hard copy.

13. REPORTING

To monitor the results of your work and assign you new work, it is necessary for you to report to your study manager, in person, several times per week. In addition to the various records to be kept in connection with completing forms, setting up examination appointments, obtaining informed consent and completing nonresponse reports, it will be necessary to complete two administrative forms on a periodic basis: the Time and Expense Report and the Trip Expense Report. In addition, each time you report to the study manager you will be required to print the Interviewer Conference Report from your pentop. The procedures for completing these forms and for preparing for your conference with your field manager are discussed in this chapter.

13.1 Report Forms

13.1.1 Overview

It will be necessary for you to produce three forms for reporting purposes.

- Time and Expense Report
- Trip Expense Report
- Interviewer Conference Report

The Time and Expense Report and the Trip Expense Report will always cover a 1-week period. This 1-week period always begins on Thursday morning and ends on Wednesday evening 1 week later. The Interviewer Conference Report does not cover any particular time period but should be completely updated each time you report to your study manager during a stand.

The study manager will use these forms in addition to other reports at his/her disposal to monitor your progress, the status of your assignment segments, the number of completed questionnaires you have turned in, the time you have spent, and the expenses you have had. It is important that each form be completed correctly.

13.1.2 The Time and Expense Report

In order to receive a weekly paycheck, field staff must submit to Westat a completed and signed Interviewer Time and Expense Report each week. For accounting purposes, the week for field personnel begins on Thursdays and ends on Wednesdays. Time and Expense sheets must be turned in to your field manager on Thursday afternoons. Pay checks are written and distributed on Fridays for time sheets received the previous week.

The T&E Report has five copies in five different colors. After filling out your T&E you should tear off and keep the bottom (gold) copy for your records and submit the others to your field manager.

Carefully complete, check, and double check your Time and Expense (T&E) Report for accuracy before submitting it to your field manager. Reports with errors will be returned to the field staff member for correction, and may result in a delay of payment.

Specific Instructions for Completing Time and Expense Report

The following are instructions for completing the Time and Expense Report. (Refer to Exhibit 13-1.)

Information Across
Top of Page:

Be sure to print the following information across the top of your T&E Report:

- WINS number;
- Name; and
- City and state of residence.

Also indicate the Wednesday through which your T&E is being submitted. A T&E must be submitted each week if you worked during that week. A T&E must also be submitted for vacation weeks at Christmas and in the summer.

Time:

Time, by activity, is to be reported for each day worked. FW: Field Work and T: Time spent traveling between stands. Record the Month and Date for each day of the week. Time is entered to the nearest quarter hour. Enter the total number of hours worked.

FIELD TIME AND EXPENSE REPORT

WESTAT
An Employee-Owned Research Corporation
1610 Research Blvd. • Rockville, MD 20850 • 301 251-1500

WINS #: -

Please Print

Name: _____ **City/State:** _____

_____ **First** _____ **State**

_____ **Last** _____ **City**

PERIOD ENDING DATE: Wednesday

_____ **Month** _____ **Day** _____ **Year**

[illegible][illegible]

COPIES:	WHITE: PAYROLL	GREEN: A/P	CANARY: FIELD DIRECTOR	PINK: SUPERVISOR	GOLD: EMPLOYEE
---------	----------------	------------	------------------------	------------------	----------------

Project/Account Name:	Enter project name, "NHANES."
Charge Code:	Record the stand charge number. Refer to the 10-digit cost point number assigned to the stand.
Type or Rate:	Always circle "P" for special rate.
Summary of Expenses by Project Code:	Leave blank. Expenses should be submitted on Trip Expense Reports.
Production Report:	Leave blank.
Type of Pay/Rate/Hours:	Hours are transferred to the Summary Box on "Hours" leave rate blank. The total amount will be calculated in the home office. The total number of hours should be no more than 40 each week.
Payroll Authorization:	This must be completed and signed for the T&E to be approved and paid. Always check the box "have not" charged Westat for more than 40 hours.
Copies:	Turn in the first four copies to your field manager. Keep the final gold copy for your records.

13.1.3 Trip Expense Report

The Trip Expense Report will be used for reporting all allowable expenses you incur while you are working on the project. It is essential that you report your expenses by day. If expenses are left uncompleted for a couple of days or until the end of the week, accurate reporting will be difficult. This report should be used for reporting all cash and charged expenditures other than expenditures billed directly to Westat.

When filling out the Trip Expense Report, use a black ball point pen and print legibly. After completing the form, save the pink copy for your own records and give the other copies to your supervisor.

A field accounting week begins on Thursday and ends on Wednesday. Reimbursement checks are issued by our accounting office on Friday for the previous week's Trip Expense Report.

In order to update advance accounts and your expenses on a weekly basis, it is imperative that you submit a Trip Expense Report.

Instructions for completing the Trip Expense Report are as follows. (Refer to Exhibit 13-2.)

WINS NUMBER:
NAME:
ADDRESS:

In the upper left corner fill in your WINS number, name, and permanent address.

LEAVE/RETURN:

In the upper right hand corner, record the pay period begin and end dates. Leave the time fields blank.

PROJECT NUMBER:

Record the 10 digit cost point number assigned to the stand.

PROJECT NAME:

Write "NHANES".

DESTINATION CITY:

Record the city and state for the stand in which you are working. If traveling, record the city and state you are traveling to.

SIGNATURE:

You must sign and date every Trip Expense Report. Westat will **not** process unsigned Trip Expense Reports.

DAY OF WEEK:

Record the days of the week and the date in each column. Since field accounting weeks begin on Thursday and end on Wednesday, your Trip Expense Report should also start with Thursday and end on Wednesday.

COSTS:

Record costs incurred for each day of travel and for days that you are in the field. If an expense is charged on your personal credit card, the expense should be treated as a cash expenditure and therefore shown on your report.

Meals. Enter the per diem amount allotted for each day on the "Meals and Incidentals Per Diem" line.

Lodging. For between-stand travel, enter the total cost of lodging including tax. If the office has made arrangements for the hotel to direct bill us, write "direct" on the line for lodging. The shared housing allowance (not to exceed \$15/day) is also recorded on this line.

Employee Paid Airfare/Auto Rental. These expenses are typically direct-billed and should not be claimed by the employee.

TRIP EXPENSE REPORT – FIELD

Complete for **EMPLOYEE PAID EXPENSES** for out of town trips **ONLY.**

Day of Week MM/DD/YY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	DAY	TOTAL
	/	/	/	/	/	/	/		
Meals & Incidentals Per Diem									\$ (DMeals)
Employee Paid Lodging									\$ (DLodg.)
Employee Paid Airfare									\$ (DAir)
Employee Paid Auto Rental									\$ (DAuto)
Mileage Allowance: (_____ miles @ _____ per mile)									\$ (DMiles)
Ground Transportation (i.e., taxi, metro, bus)									\$ (DGnd)
Telephone - Business									\$ (DPhone)
Other: (Specify) _____									\$ (DOther)
_____									\$
Total Claimed									\$

FOR OFFICE USE ONLY

Outstanding Advance: _____

Reimbursement Amount: _____

Charge Code: _____

Amount: _____

Amount: _____

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Mileage. The flat allowance for gasoline for between stand travel and allowable within stand travel is requested here. Interviewer gas expenses should be listed under “Miscellaneous.”

Ground Transportation. Enter amount for any approved ground transportation expenses on this line.

Telephone. With supervisor approval, enter amount of business-related long distance and local telephone calls.

Miscellaneous. Enter any miscellaneous expenses in this section. This would include gas expenses for interviewers. You must attach a receipt for gas and other allowed expenses. If additional space is needed for itemizing, attach a sheet of paper making certain that expenses are reported by day and date incurred.

Total Claimed. Add up each day’s total expenses and enter the totals on this line.

Total. Add up each type of expense by adding horizontally across each line. Enter the weekly total for each type of expense in the last column on the far right side of the form.

Add the Total Claimed for each day of the week by adding vertically and enter the total of each day on the bottom line. Next, add both total columns separately, adding the “Total” column on the far right corner of the page and the “Total Claimed” line on the bottom of the page.

The total for “Totals Claimed” when adding horizontally should be the same number as the total for weekly types of expenses.

ATTACH RECEIPTS TO FORM. Do not forget to attach the receipts for the non-food related expenses that you have recorded. Receipts should be attached to the back of the lower left hand corner of the first (white copy) of your Trip Expense Report.

You will be reimbursed for all **allowable** expenses you incur while conducting project business. In addition to routine expenses such as per diem and hotels, there may be other out-of-pocket expenses that you incur. Some examples follow.

- **Tolls:** Tolls or road fees on bridges, expressways, tunnels, etc., are acceptable and should be shown on the Trip Expense Report.
- **Parking:** While on Westat business in congested urban areas where free parking is not available, Westat will pay for parking. To obtain reimbursements for parking, enter the amount of a meter fee or parking charges on your Trip Expense Report.

13.1.4 The Interviewer Conference Report

The Interviewer Conference Report is a record of the cases currently assigned to you and the results of your work on those cases. The Conference Report can be viewed from your pentop by using the following procedure:

1. Turn on your machine,
2. Access Interview Manager, and
3. Tap on the “Conference” button at the first Interview Management screen.

Your cases will be divided into specific areas on the report depending on the status of the case. You may look at each area by tapping on the correct tab. The report is printed from your pentop at the Field Office immediately prior to your conference with the study manager. To print the report:

1. With pentop turned off, insert the network card and dock your pentop (you will be shown how to do this at the field office),
2. Access your Conference Report on your pentop using the steps described above, and
3. Tap on the “PRINT ALL” button at the Conference Report screen.

13.2 Conference With Your Study Manager

You will have regularly scheduled appointments to report to your study manager. Your study manager is responsible for a number of interviewers, so it is very important that you **do not change your reporting time** and that you **report on time**. You must plan on being in the office approximately 1½ hours for each conference. If you cannot report at your scheduled time, phone your study manager as far in advance of your regularly scheduled conference as possible. S/he will reschedule your conference and discuss any problems that require immediate action.

During your regular in-person conference, you will review all the cases in your possession. This is the time to discuss any problems you have with a case or questions about procedures. You should review new assignments during the conference so that you can discuss any questions pertaining to them before you leave.

13.2.1 Preparing for the Conference

Since you will discuss each case in your possession with your study manager, during each conference, it is very important that you have all your materials organized prior to the conference. Please remember to follow these guidelines when reporting to the study manager.

- **Complete the cover of the Household Folder** as interviews and cases are finalized. This will be very important since hard-copy questionnaires will no longer be available to remind you of what you have completed.

Enter complete taxi/appointment/consent form information on the cover of the Household Folder since there is no other hard-copy documentation of the data.

Record the VOC kit placement results and detail any non-response information on the space provided at the bottom of page 1.

- **Edit all hard-copy documents.** All work being turned in should be completely filled out and edited, including Household Folders, Call Records, consent/assent forms, and Nonresponse Cards.
- **Bring in all of your assignments**—This includes cases you have not worked as well as cases you have worked and your pentop computer.
- **Enter all case dispositions in your pentop that are not automatic.** (See Chapter 6.)
- **Arrange your hard copy materials into two groups:** eligible households and noneligible households.
- **Arrange your hard-copy materials** in segment and serial order.
- **At the field office, print your Interviewer Conference Report from your pentop and review it** for completeness and correctness. (Printing instructions are discussed in Section 13.1.4. Field office staff will go over this process with you in detail before printing your first report.)

Always feel free to discuss any problems you may be having concerning your work with the study manager. Do not be afraid to discuss mistakes you think you have made or to ask for advice on how to handle certain types of respondents or interviewing situations. When you encounter a problem you think needs an immediate solution you should talk to a study manager in the field office (in person or by telephone) without waiting for your next regular conference.

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14. SPECIFICATIONS AND DEFINITIONS FOR THE SAMPLE PERSON AND FAMILY QUESTIONNAIRES

14.1 Overview of the SP and Family Questionnaires

14.1.1 SP Questionnaire

The SP questionnaire is divided into 29 sections that collect information about the SPs medical history. The questionnaire is administered to all SPs, however the actual sections administered depend on the SP's age. Exhibit 14-1 provides the name and order of the sections and the applicable age category for each section.

On average, the questionnaire should take approximately 40 minutes to administer. The actual administration time will vary depending on the respondent's age and answers.

14.1.2 Family Questionnaire

One Family questionnaire will be administered to each family containing at least 1 SP. The 8 sections in this questionnaire collect information about a broad range of topics. Exhibit 14-2 provides the name and order of the sections.

On average, the questionnaire should take approximately 15 minutes to administer, although administration time may vary depending on the respondent's answers and the number of SPs in the family.

Exhibit 14-1. Sections in the SP Questionnaire

Section	Target Group
INTRODUCTION AND VERIFICATION	Birth +
EARLY CHILDHOOD	Birth to 15
HOSPITAL UTILIZATION AND ACCESS TO CARE	Birth +
MEDICAL CONDITIONS AND HEALTH STATUS	1+
MISCELLANEOUS PAIN	20+
PHYSICAL FUNCTIONING	1+
IMMUNIZATION	Birth +
DIABETES	1+
BLOOD PRESSURE	16+
CARDIOVASCULAR DISEASE	40+
OSTEOPOROSIS	20+
KIDNEY CONDITIONS	20+
RESPIRATORY HEALTH AND DISEASE	1+
VISION	12+
AUDIOMETRY	1+
BALANCE	40+
DERMATOLOGY	20-59
ORAL HEALTH	2+
PHYSICAL ACTIVITY AND PHYSICAL FITNESS	2+
DIET BEHAVIOR AND NUTRITION	Birth +
CARDIOVASCULAR FITNESS	8+
WEIGHT HISTORY	16+
SMOKING AND TOBACCO USE	20+
ACCULTURATION	12+
SOCIAL SUPPORT	40+
OCCUPATION	16+
DEMOGRAPHICS INFORMATION	Birth +
DIETARY SUPPLEMENTS AND PRESCRIPTION MEDICATION	Birth +
MAILING ADDRESS VERIFICATION	Birth +

Exhibit 14-2. Sections in the Family Questionnaire

Section	Target Group
DEMOGRAPHIC BACKGROUND/OCCUPATION	Non SP Heads of Household & Spouses
HEALTH INSURANCE	All SPs in Family
HOUSING CHARACTERISTICS	Household
PESTICIDE USE	Household
SMOKING	Household
INCOME	Family/Household
FOOD SECURITY	Household
TRACKING AND TRACING	Family/Household

14.2 General Questionnaire Specifications

This section reviews some general instructions related to administering the NHANES household questionnaires. Many of these have been discussed in your General Interviewing Techniques Manual.

- The questionnaires do not contain written survey introductions. Whenever you switch respondents, for example, after completing a Screener or on a return visit to the household, introduce yourself to the new respondent. Use the advance letter and the Screener brochure to introduce the study.
- Use the introductory sentences throughout the questionnaire to smooth the transition from one section to another.
- You should encourage the respondent to take the time necessary to think about his/her answers and emphasize the importance to the research of obtaining accurate information.
- There are a number of long questions in the questionnaire. Be sensitive; if you sense that the respondent has not grasped the question (e.g., there is a long pause), re-read the question almost immediately.
- Brackets and parentheses indicate optional reading. Introductions to questions in brackets or phrases in parentheses are to be read when the respondent has lost the meaning of the question or does not understand the intent of the question.
- Words/statements in all capital letters are interviewer instructions or response categories that are not to be read to the respondent.
- Highlighted or bolded words or phrases in a question should be stressed when read.
- Unless indicated next to the question, only one answer should be coded for each question.
- Reference periods vary frequently throughout all of the NHANES questionnaires (i.e., in the past year, during the past month, ever, during your lifetime, in the last 2 weeks, etc.). Be sure to stress all reference periods when reading the questions. When necessary re-read the time frame.
- Answers to questions requiring a number, a date, or an age ideally should reflect actual numbers. If the respondent is unable to provide an exact number, always probe for a best estimate. If a range is given, try to narrow it down as much as possible.
- Be alert for inconsistencies. If the respondent's comments indicate that s/he has forgotten or overlooked a fact or date s/he has given previously, you may remind him/her by saying: "I want to make sure I've recorded everything correctly. I believe

you mentioned earlier...” If the respondent provides an explanation for the inconsistency, be sure to record his/her comments verbatim (probed for clarity). At no time, however, should you question a response s/he provides simply because it does not seem reasonable to you.

- All questions/statements in a questionnaire directed at the respondent must be read or verified aloud. For example, if you are asking for the respondent’s birthdate and you already have the answer you must do one of two things—ask the questions exactly as written or verify the birthdate aloud with the respondent. Do not skip any question in the questionnaires because you believe you already have the answer.

14.3 Using Remarks

Sometimes, in the course of the interview, a respondent will give you information that would change or add to a previous response. For situations which you are not able to correct, it is extremely important to use comments when there is a need to clarify or correct a response. Remarks are necessary when:

- The respondent corrects a previous response and it is too far back in the interview for you to back up through screens to correct the answer. Be sure to explain clearly the information that is being changed.
- The respondent provides a response that is “invalid” in a question with a **hard** range check (invalid answers). Using comments to enter the response is the only way to capture the information. Remember, comments are **not** made in soft range checks (unlikely answers).
- You don’t know how to record a response. Record the comment, explaining clearly the problem you encountered and sufficient detail to allow the data preparation staff to categorize the response.

Remarks are not to be used to provide additional detail or volunteered information. At times, respondents give a response that falls into an “OTHER” category. For some questions, you are prompted to “SPECIFY” the “OTHER” response and are provided with a line to make the entry. If you do **not** receive a prompt to “SPECIFY,” no remark should be made. The client is not interested in specifying this “OTHER” response.

14.4 Detailed Specifications

14.4.1 The SP Questionnaire

The SP questionnaire will be administered to each eligible SP. It is divided into 29 sections that collect information about the SP's medical history. While the SP questionnaire is administered to all SPs, the actual sections administered vary, depending on the SP's age (see Exhibit 14-1, "Order of Sections in the SP Questionnaire").

Below is a description of each of the sections comprising the SP questionnaire and question by question specifications for each.

INTRODUCTION AND VERIFICATION (DMQ -- SPIV)

The IVQ section begins with screens that verify information collected in the screener that is critical to the flow of the SP questionnaire: date of birth, age, and gender. In addition, this section collects the complete name of the SP, including a prefix, the first, middle, and last name and a suffix, if relevant.

EARLY CHILDHOOD (ECQ)

This section contains questions about the smoking habits of the mother of the SP while she was pregnant with the SP. It collects information about the kind of care the SP received at birth, birth weight, and the amount of time the SP spends away from home. The target group is SPs from birth to 15 years old.

ECQ.010 First I have some questions about John Smith's birth.

How old was John Smith's biological mother when he was born?

|
ENTER AGE IN YEARS

Many mothers tend to think of the age they became pregnant. If necessary, emphasize that you are interested in the age of the mother at delivery.

ECQ.020 Did John Smith's biological mother smoke at any time while she was pregnant with him?

1. YES
2. NO

Smoking during pregnancy includes the time in early pregnancy before the mother may have known she was pregnant.

ECQ.030 At any time during the pregnancy, did John Smith's biological mother quit or refrain from smoking for the rest of the pregnancy?

1. YES
2. NO

Code "NO" if the mother stopped smoking during her pregnancy but started again while she was pregnant with the SP.

ECQ.071 How much did John Smith weigh at birth?

ENTER WEIGHT IN POUNDS,
KILOGRAMS OR GRAMS.

IF ANSWER GIVEN IN POUNDS ONLY,
PROBE FOR OUNCES. IF ANSWER
GIVEN IN EXACT POUNDS, ENTER
NUMBER OF POUNDS AND 0 OUNCES.

1. ENTER NUMBER OF POUNDS AND
OUNCES.
2. ENTER NUMBER IN KILOGRAMS.
3. ENTER NUMBER IN GRAMS

This is a gate question. Select the measurement you will use to record and then follow these general rules when recording birth weight.

If the response is reported in whole pounds only, probe for ounces.

If the response is reported in exact pounds (for example, "exactly 6 pounds"), enter the number of pounds in the "LBS" field and a "0" in the ounces ("OZ") field.

If the exact number of ounces is not known (for example, “He weighed 6 pounds and I’m not sure of the ounces”), enter the exact number of pounds in the “LBS” field and “DK” in the “OZ” field.

HOSPITAL UTILIZATION AND ACCESS TO CARE (HUQ)

This section consists of questions to determine the overall utilization of health care services by the SP. It is asked of all SPs and the type of questions asked depend on the age of the SP. Definitions for terms used in this section are on the Help Screens.

HUQ.030 Is there a place that you **usually** go when you are sick or you need advice about your health?

1. YES
2. THERE IS **NO** PLACE
3. THERE IS **MORE THAN ONE** PLACE

The response categories to this question are designed to acknowledge various types of situations. If the respondent goes to a particular place (for example, a clinic, a general practitioner or an internist) the coded response should be “YES” (1).

If the respondent states that he/she goes to a particular place for routine care and a particular specialist, depending on the nature of the problem, the coded response should be “THERE IS MORE THAN ONE PLACE” (3).

A “NO” response indicates there is no regular place the SP goes.

Consider the following examples:

“I don’t get sick but if I were sick or needed medical advice, I would go to Dr. Brown – my mother’s doctor.” The coded response should be “YES” (1).

“It depends on what the nature of the illness is. If it was allergies, I would go to Dr. Valdez. If it were anything else, I would go to my internist – Dr. Logan” The coded response should be “THERE IS MORE THAN ONE PLACE” (3).

“If I got sick I would just go to the nearest emergency room or walk-in clinic.” The coded response should be “THERE IS NO PLACE”, (2).

Do **NOT** probe a simple “YES” response to determine if there is more than one place.

Note that the response to this question is not necessarily the doctor most recently contacted (for example, the most recent contact may have been with a specialist never seen before.) Also, it need not be a doctor or clinic the SP has **ever** contacted. Rather, this question refers to the doctor or place the SP **would** contact if he/she is sick or needed advice about his/her health.

HUQ.071 During the **past 12 months**, were {you/SP} a patient in a hospital **overnight**? Do not include an overnight stay in the emergency room.

1. YES
2. NO

Only persons who were admitted to a hospital and stayed overnight or longer should be included. Exclude persons who visited emergency rooms or outpatient clinics, **unless that person was admitted and stayed overnight**. Exclude stays for non-medical reasons such as staying with a sick family member.

For an SP questionnaire being completed for an SP who is less than one year old, do **not** include hospitalization covering his or her birth. However, if the child was born on the way to the hospital or was otherwise admitted shortly after birth, count this hospitalization if it lasted one or more nights.

MEDICAL CONDITIONS AND HEALTH STATUS (MCQ)

This section is designed to ask questions about specific medical conditions in order to produce estimates of the prevalence of these conditions in the general public. It is asked of all SPs age 1 or older. The types of conditions asked about will depend on the age of the SP. The fewest number of conditions are asked of infants, the most of adults age 20 or more. In most cases, a “YES” response to the condition will trigger several follow-up questions.

If you are asked the definition of any condition, use the definitions on the Help Screen. Do **not** attempt to explain or define any of the conditions further.

“Has a doctor or other health professional ever told you that you had {CONDITION}?”

In order to answer “YES” to this question, the SP should have been **diagnosed** with the condition. If the SP thinks he/she has the condition but has never been told by a doctor or health professional that he/she has it, the response entered should be “NO”. If a doctor or health professional told the SP that he/she is likely to develop the condition or that it is likely he/she has the condition, the response entered should be “NO”. If the respondent answers something like, “Yes, the doctor says it probably is {CONDITION} but she has to run more tests,” probe to determine **if the condition has been diagnosed** by a doctor or health professional.

Throughout this section, the reference period for these conditions goes back and forth between “**ever**” and “**during the past 12 months**”. If the respondent says “YES” to one (or more) of these conditions, assume that the qualification has been met and enter a “YES”. However, if the respondent gives a modified answer such as “Yes, I’ve had trouble with that for years,” re-ask the question with emphasis on the reference period being asked about.

- MCQ.220** Have you **ever** been told by a doctor or other health professional that you had cancer or a malignancy of any kind?
1. YES
 2. NO

For an SP who answers “YES” to this question, there are two follow-up questions that ask what kind of cancer it was and how old the person was when the cancer was first diagnosed.

MCQ.230 What kind of cancer was it?

ENTER UP TO 3 KINDS. IF RESPONDENT OFFERS MORE THAN 3, ENTER 66 AS THE 4TH RESPONSE.

() () () ()

{LIST OF DIFFERENT KINDS OF CANCERS WITH NUMERIC CODES}

Count the same type of cancer or malignancy on different body parts as only one kind. For example, malignant moles on the face, neck and trunk should be counted as only one kind of cancer.

CAPI allows the entry of up to three types of cancer. If the SP offers more than three kinds, code the first three kinds of cancer in the field provided and code the fourth field as “66” – “MORE THAN THREE KINDS”. A code of 66 is the only code CAPI will accept as the fourth entry.

Also note that CAPI will perform edits on gender specific types of cancer. For example, uterine cancer will not be allowed as an entry for a male SP.

Do **not** read the alphabetized answer categories to the SP. If a technical name (other than “Leukemia,” “Lymphoma,” or “Melanoma”) is reported, ask what part of the body was effected (e.g., bladder, breast, kidney, lung, etc.).

MCQ.250a Including living and deceased, **were any of your biological** that is, blood **relatives**, including grandparents, parents, brothers, sisters **ever told by a health professional that they had diabetes?**

1. YES
2. NO

Do **not** include self-diagnosed diabetes, pre-diabetes, high sugar, or any condition other than “diabetes” or “sugar diabetes”. Do **not** include a doctor’s diagnosis of “gestational diabetes” or diabetes present only when a woman is pregnant.

MISCELLANEOUS PAIN (MPQ)

The questions in this section are concerned with **joint, neck, and back pain**, as well as migraine headaches. This section is only asked of SPs who are 20 years old or older.

MPQ.010 During the **past 12 months**, have you had pain, aching, stiffness or swelling in or around a joint? [Do not include neck pain.]

1. YES
2. NO

Unlike conditions, joint problems do not have to have been diagnosed by a doctor or other health professional. Simply having the symptoms is enough.

MPQ.020 Were these symptoms present on **most days for at least 1 month**.

1. YES
2. NO

“Being present” means only that the SP had one or more of the symptoms, and does not imply any degree of suffering. For example, enter “YES” for the SP who had slight stiffness as well as the SP who had debilitating pain.

“Most days” means more than half the days in any 1-month period during the past 12 months.

MPQ.040 How many weeks or months in the **past year** did you have joint symptoms due to an injury?

ENTER NUMBER

ENTER UNIT

1. WEEKS
2. MONTHS

Probe to determine an exact number of weeks or months. If an exact number can't be reported, enter the SP's best estimate.

MPQ.050 Please look at this card and give me the joints that were affected.

CODE ALL THAT APPLY
HAND CARD MPQ1

{LIST OF DIFFERENT JOINTS WITH NUMERIC CODE}

Show the hand card to the SP before reading the question. The hand card contains a picture of a torso with joints numbered as they are in the answer categories on the laptop.

Ask the SP to report the numbers of the affected joints and enter those numbers. Continue asking "Any others" until you get a "No" response.

MPQ.060 The following questions are about pain you may have experienced in **the past 3 months**. Please refer to pain that **lasted a whole day or more**. Do not report aches and pains that were fleeting or minor.

During the **past 3 months**, did you have neck pain?

1. YES
2. NO

If the SP asks what is meant by "past 3 months," it is from last Sunday's date 3 months ago through last Sunday. For example, if you are interviewing on Tuesday, February 13, 1996, the past 3 months will be from November 11, 1995 through February 11, 1996.

Although "pain" is respondent defined, we are interested in only three specific pains: neck pain, low back pain (which may spread down either legs to areas below the knees), and severe headache or migraine. In addition, this "pain" must have lasted a whole day or more or have occurred several (more than three) times during the past 3 months.

Do **not** accept pain in any other parts of the body. For example, in the question on "low back pain," if the SP reports "upper back pain," repeat the question, emphasizing "low back pain."

PHYSICAL FUNCTIONING (PFQ)

The Physical Functioning section of the interview collects information about the **overall physical and mental well being** of the SP. This section is asked of all SPs who are at least one year old. It has been designed to determine if the SP is limited or has difficulty or needs help or supervision with various activities **because of a long-term impairment or physical, mental or emotional health problem.**

These activities include:

- Instrumental Activities of Daily Living (IADLs): those activities that enhance life but are not required to maintain the basic level of life (e.g., using the telephone, preparing light meals, playing, etc.);
- Activities of Daily Living (ADLs): those activities that are required to maintain the basic level of life (e.g., bathing, walking, etc.); and
- General Physical Activities: those activities that require general physical movement (e.g., stooping, reaching, bending, etc.).

The adult portion of this section includes questions about the use of special equipment and aids that the SP may use to perform certain tasks, limitations SPs may have working or participating in social and recreational activities, and a question concerning disorientation and memory loss.

If the SP is limited in any way or is 60 or over, a series of questions about specific activities is asked. These questions ask if the SP has difficulty or needs help with each activity because of a long-term impairment or physical, mental or emotional health problem. If an SP has any difficulty with at least one activity, you will ask a follow-up question to determine what condition(s) or health problem(s) cause(s) the difficulty.

The child portion of this section is short. It includes questions about limitations to the SP's mobility or participation in play activities and about participation in special programs.

It is often easy for respondents to misinterpret or have trouble understanding questions in the section of the questionnaire. Review the specific concepts used in each question carefully to make sure you understand them. Listen carefully to the respondent's answer to determine if a probe is necessary.

Key Concepts

Below is discussion of some of the important concepts in this section.

Difficulty Due to a Long-Term Impairment or Physical, Mental or Emotional Health Problem – It is important to determine for the questions in this section whether the problems that an SP might have with an activity are because of a long-term impairment or a long-term physical, mental or emotional health problem. Some people may not do certain activities because of gender or social norms or because of personal preference.

For example, consider gender roles. Some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment (deaf), a physical health problem (heart condition), or mental health problem (depression).

The person's response to these questions may be based on a perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included.

“By Yourself and without Using Any Special Equipment” – This concept implies that the activity can be performed by the individual **without help from another person or the use of any special equipment**. If the respondent says, “Sometimes I do it myself and sometimes I have help,” reread the question with extra emphasis on **“By yourself and without using special equipment**, how much difficulty do you have...No difficulty, Some difficulty, Much difficulty or are you unable to do this?”

Help or supervision from another person includes a range of behaviors.

- Personal assistance in physically doing the activity (including another person doing the entire activity, such as bathing a person from head to toe);
- Instruction (guiding the person through the activity);

- Making sure the activity is done correctly, without harm; and
- Staying nearby in case the person needs help in the activity.

In the phrase “**without using any special equipment**” the key word is “special”. Special equipment includes any device tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult “diapers” for incontinence. However, ordinary eyeglasses and hearing aids should not be considered “special equipment.” For example: a spoon is not normally considered as “special equipment;” however, a uniquely designed or functioning one used for eating by a person because of a physical, mental or emotional problems is considered “special equipment.”

Functional Difficulty or Degree of Difficulty: If the SP does have a functional limitation (that is, has some difficulty performing an activity or is unable to perform the activity), the answer given to the question should code the degree of difficulty the SP has: “Some difficulty,” “Much difficulty,” or “Unable to do.” The response is based on the SP/respondent’s **subjective** assessment of the SP’s ability to perform the activity. Do **not** attempt to explain the differences between the answer categories (i.e., “some difficulty” vs. “much difficulty”). Similarly, it doesn’t matter whether the SP’s family or doctor prohibits the SP from doing the activity. We are interested in what actually happens: Does the SP have difficulty doing the activity, because of a long-term health problem?

The response option 'DO NOT DO THE ACTIVITY' was added to resolve questions and problems SPs had answering this series of questions when the activity did not apply and in order to make this section more compatible with other surveys. Remember you are still required to probe when a SP responds 'I do not do that' to a specific activity before you code this response as 'DO NOT DO THIS ACTIVITY'. As indicated on the help screen for this question, the probe should be "do you not do this activity because of a health problem?"

If the respondent answers that he does not do the activity because of a health problem, the follow-up probe would be "if you did do this activity, how much difficulty would you have?"

Definitions for Various Activities: It is important that you and the respondent understand what is included in the various activities. Additional explanation of some of the activities appears below.

Managing money: This refers to the overall activities of keeping track of expenses, balancing a checkbook or paying bills. Many people have trouble with these activities.

However, keep in mind that we are only interested in difficulty managing money **because of a long-term health problem (physical, mental or emotional)**. You may have to use a probe like, “Is this because of a physical, mental or emotional problem or illness”.

Walking for a quarter of a mile/up 10 steps/from one room...: Walking is defined as using one’s legs for locomotion, without the help of another person or special equipment or aids, such as a cane, walker or crutches. Leaning on another person, having someone stand nearby in case help is needed, and using walls or furniture for support all counts as having difficulty.

Preparing your own meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating a TV dinner or boiling an egg.

Remember that preparing meals is not a basic requirement for living independently. Many people prefer to eat all meals in restaurants or have other people cook for them, or simply do not like their own cooking. The focus here is whether the SP has difficulty preparing his or her own meals because of a long-term health problem.

Standing up from an armless straight chair/getting in or out of bed: If the SP holds on to walls or furniture (like the bedpost) for support this should be considered use of special equipment since the general population does not use such objects in getting in or out of bed.

Eating, like holding a fork, cutting food or drinking from a glass: The intent of the question is to identify any difficulty the SP has with any part of the process of getting food or drink from plates and glasses into his or her mouth. The amount of time it takes the SP to eat, the quantity eaten and the way the SP eats are not material to this question.

Dressing yourself, including tying shoes, working zippers, and doing buttons: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Tying shoelaces is **not** considered part of dressing but putting on socks or hose is. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Getting out to things like shopping...: Shopping involves going to the store, selecting the items and getting them home. If the SP has difficulty doing any of these without help from another person, there is difficulty.

Delivery service is not considered to be help with shopping if done as a convenience.

IMMUNIZATION (IMQ)

The three questions in the IMQ section are about immunization for several conditions. All SPs are asked at least one question in this section.

DIABETES (DIQ)

The first question in this section is designed to determine if the SP has been diagnosed with diabetes. If a diagnosis has been made, there are follow-up questions asked to determine age at diagnosis, treatments and effects of the disease. This section is asked of SPs age one or older.

DIQ.010 The next questions are about specific medical conditions.

Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes?

1. YES
2. NO
3. BORDERLINE

Do **not** include self-diagnosed diabetes, pre-diabetes, high sugar, or any conditions other than “diabetes” or “sugar diabetes.”

Note that for female SPs ≥ 20 , the question will be prefaced by the following text, “Other than during pregnancy.”

BLOOD PRESSURE (BPQ)

This section focuses on **high blood pressure (hypertension)** and a related phenomenon, **blood cholesterol level**. Specifically, the questions seek information on awareness of high blood pressure and/or blood cholesterol level, measurements of these conditions, visits to a doctor or health profession about these conditions, and treatment. These questions are asked of SPs age 16 or older.

BPQ.010 About how long has it been since you **last** had your blood pressure taken by a doctor or other health professional? Was it...

1. less than 6 months ago,
2. 6 months to 1 year ago,
3. more than 1 year ago to 2 years ago,
4. more than 2 years ago, or
5. never?

Enter the code that best describes how much time has passed since the SP most recently had his or her blood pressure taken by any health professional. For example, if the SP says, “About a year and a half ago,” enter “3” – “more than 1 year ago to 2 years ago.”

BPQ.020 Have you **ever** been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

1. YES
2. NO

In some parts of the United States, the term “high blood” is used instead of “high blood pressure” or “hypertension.” If the respondent reports “high blood” in response to this question, code 1 – “YES.”

If a female indicates that she has had high blood pressure or hypertension but **only** during pregnancy, code 1 – “YES.”

BPQ.040a Because of your (high blood pressure/hypertension), have you **ever** been told to **take prescribed medicine**?

1. YES
2. NO

A “prescribed medicine” may include pills, powder or liquids and **must** be purchased by prescription.

CARDIOVASCULAR (CDQ)

The cardiovascular section consists of a series of questions designed to determine if the SP has experienced any symptoms associated with various types of cardiovascular conditions. It is asked of SPs who are 40 years old or older.

CDQ.010 Have you had shortness of breath either when hurrying on the level or walking up a slight hill?

1. YES
2. NO

“On the level” refers to walking on level ground.

OSTEOPOROSIS (OSQ)

The next section, “osteoporosis” is asked of SPs age 20 or older. The first questions ask if the SP has ever been told by a doctor that he or she had broken or fractured the hip, wrist, or spine and if so the SPs age at the time of fracture and the cause of the break or fracture. It then asks if the SP has ever been diagnosed with osteoporosis (brittle bones) and if so, a follow-up question about treatment.

KIDNEY CONDITIONS (KIQ)

The next section, ask about various diseases and conditions of the kidney. It is asked of SPs age 20 or older but contains large skips for SPs based on age and gender.

RESPIRATORY HEALTH (RDQ)

This section contains questions about respiratory and allergy problems and symptoms experienced. It is asked of SPs age 1 or older. The reference period for all of the questions in this section is “past 12 months”.

VISION (VIQ)

The vision section collects information about **vision problems** and corrective treatment. Although the section targets SPs who are 12 years old and older, most of the questions are asked only of those SPs who are at least 50 years old.

Why are the vision questions in NHANES 2003 important?

There are no current population-based national survey data on the prevalence of blindness in the United States. The questions in the 2003 NHANES household interview provide a unique opportunity to develop estimates of the number of Americans who are blind. The vision assessment in the MEC will help augment this information by allowing researchers to estimate the proportion of Americans walking around with good vision (either because they have proper glasses or contacts or because they don't need any) as well as the number of Americans with various levels of visual impairment (mild, moderate or severe impairment). These data obtained from combining information from both the interview and MEC component will be used by the National Eye Institute and other groups interested in preserving sight to develop and implement public health programs to deliver eye care services to groups with the greatest needs. The NHANES data will also provide baseline data for the national Healthy People 2010 objective related to reducing visual impairment.

How does one define blindness?

There are many definitions of blindness, depending on the purpose of the determination and who is performing the determination. For example, people getting drivers licenses may be considered by a given state to be blind if they cannot read that state's vision chart (with glasses or contacts) and/or if their peripheral (i.e. side) vision is poor. People qualifying for federal disability benefits are considered blind if their vision (with glasses or contacts) is worse than 20/200, although this definition of legal blindness also varies.

In NHANES, the National Eye Institute is interested in the strictest definition of blindness, namely the loss of the sense of sight. In other words, blindness is defined as the absolute inability to see light in both eyes. If a SP sees light with one eye and does not perceive light with the other eye, by this definition, the SP is NOT blind. Any person who can see light should be directed to the MEC vision

examination no matter how poor they think their vision is. Some people may have never had a vision assessment and do not realize that their poor vision may be made better with glasses or contacts.

Why change the vision questions for 2003?

In reviewing responses to the previous NHANES vision question (“Is the SP completely blind or unable to see at all?”), it became apparent that this question was not clearly written; it was misinterpreted by many people involved with the study and by SPs. For example, some SPs for whom ‘yes’ was answered, had difficulty seeing objects with one eye but had no difficulty seeing with the other eye (many even reported driving!!!). Such a person should not be considered blind. Other people for whom ‘yes’ was answered, had difficulty seeing without their glasses or contacts but could see well with them. Again, such a person should not be considered blind. The two new questions will provide a more accurate assessment of blindness. Let’s review these questions now.

VIQ.010 Next I have general questions about {your/SP's} vision.

With both eyes open, can {you/he/she} see light?

1. YES
2. NO

VIQ.016 With both eyes open and while wearing your glasses or contacts (if you wear any), can you count the fingers of a hand held two feet in front of your face?

1. YES
2. NO

If the SP cannot see light (response is ‘no’ to the first question), he/she will not receive the vision or the cardiovascular fitness test as part of the MEC exam.

If the SP cannot count the fingers of a hand held two feet in front of his/her face (response ‘no’ to the second question), he/she will receive the vision test but will not receive the cardiovascular fitness test.

The skip patterns for these “blindness” questions may not be intuitive and several interviewers have had questions about the flow of questions in this section in the past. The flow of this section is summarized in your Training Booklet on page VIQ-3.

AUDIOMETRY (AUQ)

This section is concerned with **hearing problems**, measurement of hearing and some investigation into the cause of hearing problems. It is asked of SPs age 1 and older.

AUQ.130 These next questions are about your hearing?

Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is good, that you have a little trouble, a lot of trouble, or are you deaf?

1. GOOD
2. LITTLE TROUBLE
3. LOT OF TROUBLE
4. DEAF

If the SP has trouble hearing in crowded places, but no trouble hearing at home, or if the hearing problem comes and goes, probe using the phrase, “in general.”

BALANCE (BAQ)

The next section asks about problems with balance and dizziness, treatment, and family history of the problem. The section is asked of SPs who are age 40 and older. The time frame of the questions in this section varies between “ever” and “past 12 months.”

DERMATOLOGY (DEQ)

The next section is the dermatology section. It asks questions about the SP's skin and hair, sun exposure, history of melanoma for the SP and his or her family, and the prevalence of other skin conditions, including psoriasis and other rashes. This section is asked of SPs age 20-59.

Questions on Sun Exposure

Questions about sun exposure are asked for several reasons:

- Data on sun exposure will be helpful when compared to the digital images of SP's skin that will be taken in the MEC.
- These questions will allow for comparison against other national surveys.
- Level of sun exposure can be controlled. Having information on sun protective behavior will be helpful in developing future education programs.
- Having these NHANES questions will provide information on nonwhite populations – this info has been lacking in research and may be of great value in addressing health disparities issues in the area of skin diseases.

DEQ.031 If after several months of not being in the sun, you **then** went out in the sun without sunscreen or protective clothing for **a half hour**, which one of these would happen to your skin?

HAND CARD DEQ2

1. GET A SEVERE SUNBURN WITH BLISTERS
2. A SEVERE SUNBURN FOR A FEW DAYS WITH PEELING
3. MILDLY BURNED WITH SOME TANNING
4. TURNING DARKER WITHOUT A SUNBURN
5. NOTHING WOULD HAPPEN IN HALF AN HOUR

DEQ.034 When you go outside on a very sunny day, for **more** than one hour, how often do you . . .

HAND CARD DEQ2A

a. Stay in the shade? Would you say . . .

1. always
2. most of the time
3. sometimes
4. rarely, or
5. never
6. DON'T GO OUT IN THE SUN

b. Wear a hat that shades your face, ears **and** neck? Would you say . . .

1. always
2. most of the time
3. sometimes
4. rarely, or
5. never

c. Wear a long sleeved shirt? Would you say . . .

1. always
2. most of the time
3. sometimes
4. rarely, or
5. never

d. Use sunscreen? Would you say . . .

1. always
2. most of the time
3. sometimes
4. rarely, or
5. never

A wide-brimmed hat includes any wide-brimmed hat that shades the SP's face, ears and neck from the sun. Do not include visors, baseball caps, or hats that do not shade the ears and neck.

DEQ.036 What is the SPF number of the sunscreen you use **most** often?

READ IF NECESSARY:

IF USE MORE THAN ONE OR DIFFERENT ONES, PICK THE ONE YOU USE MOST OFTEN.

ENTER NUMBER OF SPF

By SPF, we mean the “sun protection factor”; the number on the label of the sunscreen that tells the SP how much protection against the sun it has.

DEQ.036 What is the SPF number of the sunscreen you use **most** often?

READ IF NECESSARY:

IF USE MORE THAN ONE OR DIFFERENT ONES, PICK THE ONE YOU USE MOST OFTEN.

ENTER NUMBER OF SPF

DEQ.038 How many times in the **past year** have you had a sunburn?

ENTER NUMBER OF TIMES

DEQ.053 Have you ever been told by a health care provider that you had psoriasis (sore-eye-asis)?

1. YES
2. NO

Psoriasis is a skin condition affecting many people. As part of the MEC exam, photographic images of the skin will detect the presence or absence of psoriasis. Comparing the SP’s self reported data on whether he or she has this condition to actual MEC data will help researchers judge the reliability of this kind of self-reported information.

It is important that you pronounce this condition correctly when reading the question. Notice that the phonetic pronunciation of the condition appears in parenthesis.

DEQ.055 On a scale of 1 to 10, how much of a problem has your psoriasis been in your everyday life, where 1 means no problem at all and 10 means a very large problem?

HAND CARD DEQ3

Only responses of 1 through 10 are allowed at this question.

DEQ.057 {Do you/SP} currently have . . .

HAND CARD DEQ4

- | | |
|---|--|
| 1. Little or no psoriasis, | 3. Scattered patches (that could be covered between three and ten palms of your hand), or |
| 2. Only a few patches (that could be covered by one or two palms of your hand), | 4. Extensive psoriasis (covering large areas of the body, that would be more than ten palms of your hand)? |

The words or phrases in parenthesis are only to be read to the respondent if you think he or she does not understand the response options. You will use another new hand card when asking this question.

ORAL HEALTH (OHQ)

The oral health section is concerned with dental care habits, mouth and teeth pain and how it affects quality of life and the SP's perceived need for dental care. The questions in this section are asked of SPs age 2 and older.

OHQ.030 About how long has it been since you **last** visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1. 6 MONTHS OR LESS,
2. MORE THAN 6 MONTHS BUT NOT MORE THAN 1 YEAR AGO
3. MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS AGO
4. MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS AGO
5. MORE THAN 3 YEARS BUT NOT MORE THAN 5 YEARS AGO
6. MORE THAN 5 YEARS AGO
7. NEVER HAVE BEEN

To code the response, make the SP's answer fit one of the answer categories. For example, if the SP says "about 1 and ½ years ago", enter code 3 – "MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS AGO." Do **not** read the categories to the respondent.

OHQ.033 What was the main reason you **last** visited the dentist?

1. WENT IN ON OWN FOR CHECK-UP, EXAMINATION OR CLEANING
2. WAS CALLED IN BY THE DENTIST FOR CHECK-UP, EXAMINATION OR CLEANING
3. SOMETHING WAS WRONG, BOTHERING OR HURTING ME
4. WENT FOR TREATMENT OF A CONDITION THAT DENTIST DISCOVERED AT EARLIER CHECK-UP OR EXAMINATION
5. OTHER

To code a response, listen to the SP's answer and use the most appropriate response. Do **not** read the answer categories. Note: If the SP says "I went in for a cleaning," ask if he went in on his own or if he was called in by the dentist. If the SP says he received a card in the mail to come in, use code number 2.

The next set of questions are asked of all SPs who are 16 years old or older and deal with mouth and tooth pain.

Researchers will compare responses to these questions with the results of the oral exam in the MEC to investigate the relationship between oral health and quality of life. These questions follow the guidelines established by an international dental health organization which is attempting to standardize oral health questions across all surveys.

OHQ.620 How often during the last year have you had painful aching anywhere in your mouth? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

This includes aching anywhere in the mouth for many reasons (i.e., due to ill fitting or bothersome braces).

OHQ.630 How often during the last year have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

With respect to questions related to the source of mouth pain or discomfort experienced by the respondent (i.e., a problem with braces), all questions should be addressed in the following manner, “Yes, you should consider the problem if it is an ongoing or serious problem.”

OHQ.640 How often during the last year have you had difficulty doing your usual jobs or attending school because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.650 How often during the last year has your sense of taste been affected by problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.660 How often during the last year have you avoided particular foods because of problems with your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.670 How often during the last year {have you/has SP} found it uncomfortable to eat any food because of problems with {your/his/her} teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

OHQ.680 How often during the last year have you been self-conscious or embarrassed because of your teeth, mouth or dentures? Would you say . . .

HAND CARD OHQ1

1. Very often,
2. Fairly often,
3. Occasionally,
4. Hardly ever, or
5. Never?

The next set of questions deal with the SP's perceived need for dental care and will be used to assess trends on dental care utilization. These questions closely resemble those used in NHANES III.

Each question in this series should be asked even if the SP has no teeth, dentures, full plates, etc. Please note if the SP has any of these, there is no need to make a remark about it in CAPI. The fact that he or she does not have natural teeth will be noted during the oral examination in the MEC and analyzed along with the responses in the questionnaire.

OHQ.691 Do you need any teeth filled or replaced [fillings, crowns, or bridges]?

1. YES
2. NO

If the SP responds "I have dentures," or "I have fake teeth or plates," or something similar, read the question again. We are still interested in obtaining an answer to this question. If the SP still has trouble answering, you may say something like "We are still interested in your answer," otherwise select "refused" or "don't know" as appropriate.

OHQ.700 Do you need any teeth pulled?

1. YES
2. NO

OHQ.711 Why do you need to have teeth pulled?

CODE ALL THAT APPLY

- | | |
|----------------------------------|---------------|
| 1. PAIN | 5. APPEARANCE |
| 2. CAVITIES | 7. OTHER |
| 3. BROKEN OR MISSING FILLINGS | |
| 4. GUM PROBLEMS OR BLEEDING GUMS | |

In the question above, you are to listen to SP's answer and code all responses that apply in CAPI. Do not forget to probe with "any other reason?" Do not read the response options to the respondent.

OHQ.721 Do you need dentures [plates] made?
INCLUDE PARTIAL PLATES, PARTIAL DENTURES AND REMOVABLE PARTIALS

1. YES
2. NO

If the SP says he or she needs partials, partial plates, partial dentures, removable partials or anything similar, the answer to this question should be 'YES' (code 1). If respondent says “I need a bridge,” do not include this at this question. This question refers only to removable dentures or partials.

OHQ.730 Do you need gum treatment [periodontal treatment]?

1. YES
2. NO

OHQ.740 Do you need relief of pain [oral cavity pain]?

1. YES
2. NO

This refers to classic toothache pain. If the SP needs clarification, use the probe in parenthesis – oral cavity pain.

OHQ.750 Do you need your teeth cleaned?

1. YES
2. NO

The next set of questions are about visits to the dentist. These questions are asked of all SPs 2+ who have ever visited a dentist.

OHQ.760 How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?

- | | |
|--|--------------------------|
| 1. WITHIN THE PAST YEAR [1 TO 12 MONTHS
AGO] | 3. MORE THAN 3 YEARS AGO |
| 2. WITHIN THE PAST 3 YEARS [MORE THAN 1
YEAR, TO 3 YEARS] | 4. NEVER |

OHQ.770 During the past 12 months, was there a time when you needed dental care but could not get it at that time?

1. YES
2. NO

OHQ.780 What were the reasons that you could not get the dental care you needed?

CODE ALL THAT APPLY

HAND CARD OHQ2

- | | |
|---|--|
| 10. COULD NOT AFFORD THE COST | 19. I DID NOT THINK ANYTHING SERIOUS
WAS WRONG – EXPECTED DENTAL
PROBLEMS TO GO AWAY |
| 11. DID NOT WANT TO SPEND THE MONEY | 20. OTHER |
| 12. INSURANCE DID NOT COVER
RECOMMENDED PROCEDURES | |
| 13. DENTAL OFFICE IS TOO FAR AWAY | |
| 14. DENTAL OFFICE IS NOT OPEN AT
CONVENIENT TIMES | |
| 15. ANOTHER DENTIST RECOMMENDED NOT
DOING IT | |
| 16. AFRAID OR DO NOT LIKE DENTISTS | |
| 17. UNABLE TO TAKE TIME OFF FROM WORK | |
| 18. TOO BUSY | |

This question is similar to others in the questionnaire. Show the respondent the hand card and listen to the respondent's answer. The respondent may answer giving the number associated with the text response. Code all the responses that apply. Do not forget to probe with "any other reasons".

PHYSICAL ACTIVITY (PAQ)

The PAQ section is concerned with the physical activity – including transportation, daily activities, exercise, sports and physically active hobbies – that the SP may have done in the past 30 days in his or her work or leisure time. The section is asked of SPs 2 years old and older, though children are only asked a few targeted questions.

For teenagers and adults, PAQ is organized into groups of questions dealing with specific kinds of activity:

1. **Walking or bicycling** to work or school or to do errands.
2. **Moderate to strenuous tasks done around the house or yard** like gardening, chopping wood, carpentry or home repairs, cleaning tasks, and moving furniture.
3. **Vigorous leisure time activities** such as basketball, bicycling, football, running or jogging, stair climbing, rowing, soccer, swimming, tennis, or other racket sports.
4. **Moderate leisure time activity** such as baseball, cycling, low impact aerobics, fishing, golf, or walking
5. **Activities designed to strengthen muscles.** These are activities that require strenuous muscular contraction such as lifting weights, sit-ups, push-ups, resistance training, or calisthenics.

It is important that the respondent focus on the distinction between these activities in the questions. Emphasize the kind of activity you are asking about in the text of the question. There should be no “overlap” between things reported as bicycling or walking to work and tasks done around the house (#1 and #2 above). There may be some overlap between vigorous and moderate leisure time activity (#3 and #4 above) if the activity is sometimes “vigorous” and sometimes “moderate.” Also, as stated in the question, some of the earlier “vigorous” or “moderate” activities may be repeated in activities designed to strengthen muscles (#5 above) if they are done specifically for “strengthening.”

For tasks around the house and yard and for each vigorous and moderate activity reported, there are follow-up questions to further assess the frequency and duration of the activity. Frequency is asked in times per day, per week, or per month. Duration, in terms of minutes or hours of each occurrence.

The designation of an activity into a particular category – that is strenuous task, vigorous leisure time activity or moderate leisure time activity – is respondent defined. The question at which the respondent reports the activity is not important. Report the activity under the category the respondent reports it. However, if asked, exercise from normal daily walking or using stairs instead of taking the elevator should **not** be counted as vigorous or moderate activity in this section.

PAQ.020 The next series of questions are about physical activities that you have done over the **past 30 days**. First I will ask about activities that are related to transportation. Then I'll ask about your daily activities, and finally, about physical activities that you do in your leisure time.

Over the **past 30 days**, have you walked or bicycled as part of getting to and from work, or school, or to do errands?

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The response to this question should **not** include walking or biking for pleasure or as a leisure time activity.

PAQ.100 Over the **past 30 days**, did you do any tasks in or around your home or yard for **at least 10 minutes** that required moderate or greater physical effort? By moderate physical effort I mean, tasks that caused **light** sweating or a **slight to moderate increase** in your heart rate or breathing such as raking leaves, mowing the lawn or heavy cleaning.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

The intent of this question is to capture tasks that required moderate physical effort, such as the examples presented in the question. The questions specifically targets tasks done for at least 10 minutes and done around the home or yard and **not** as a part of work. This question is not intended to obtain information on aerobic activities or strength training.

This question provides three illustrations (raking leaves, mowing, heavy cleaning) but the interviewer is not asked to record the specific activity. This question should pick up all related household chores that qualify for the “moderate” level defined in the question. Additional activities might include washing the car, moving furniture, etc.

After the questions (which include the definitions) are given, the interviewer should **rely on the respondent to designate** whether a task around house or yard required at least moderate or greater physical effort.

PAQ.120 [Over the **past 30 days**], how often did you do **these tasks** in or around your home or yard, that is tasks requiring moderate effort? [Such as raking leaves, mowing the lawn or heavy cleaning.]

PROBE: How many times per day, per week or per month did you do these activities?

ENTER NUMBER OF TIMES (PER DAY, WEEK OR MONTH)

Always prompt with the probe, “How many times...”. As necessary, probe for an exact number. If the SP reports a range or interval, assist the SP in making an estimate by probing. For example, you might ask, “Could you give me a more exact number?”

PAQ.160 About how long did you do these tasks **each time**?

IF MORE THAN 1 TASK, ASK FOR TASK DONE MOST OFTEN

ENTER NUMBER (OF MINUTES OR HOURS)

This question refers to the **duration of time in motion** rather than the total time devoted to the pursuit of a particular activity. If the SP reports different amounts of time on different occasions probe with “on the average...”. If the response is for different activities, ask the SP for a response for the task that was done most often.

PAQ.180 Please tell me which of these four sentences **best** describes your usual daily activities?
[Daily activities may include your work, housework if you are a homemaker, going to and attending classes if you are a student, and what you normally do throughout a typical day if you are a retiree or unemployed.]

HANDCARD PAQ1

1. You sit during the day and do not walk about very much;
2. You stand or walk about quite a lot during the day but do not have to carry or lift things very often;
3. You lift or carry light loads or have to climb stairs or hills often;
4. You do heavy work or carry heavy loads.

The purpose of this question is to obtain a description of the **usual** daily activities done by the individual, whether at work, going to and attending school, doing housework, as a retiree, or if the person is unemployed. The hand card provides four sentences to which the individual is to indicate the best overall description of their usual daily activities.

HAND CARD PAQ 2

PAQ.206 The next questions are about physical activities including exercise, sports, and physically active hobbies that you may have done in your leisure time or at school over the **past 30 days**.

First I will be asking you about **vigorous** activities that cause **heavy** sweating or **large increases** in breathing or heart rate. Then I will be asking you about **moderate** activities that cause only **light** sweating or a **slight to moderate increase** in breathing or heart rate.

Over the **past 30 days**, did you do any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate? Some examples are running, lap swimming, aerobics classes or fast bicycling. Here are some examples of these types of activities. Please do not include house work or yard work that you have already told me about.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did any **vigorous** activities for **at least 10 minutes** that caused **heavy** sweating, or **large increases** in breathing or heart rate over the past 30 days. This question is asked to obtain information on vigorous activities only. If the individual is uncertain as to whether or not the physical activity engaged in was vigorous, emphasize that this activity should have been performed for at least a 10 minute period, and should have resulted in heavy sweating (not light

sweating), or large increases in breathing or heart rate. If the SP still is unsure, inform the SP that later questions will ask about more moderate activities.

PAQ.221 [Over the **past 30 days**], what **vigorous** activities did you do?

CODE ALL THAT APPLY

- | | |
|---|---|
| 10. AEROBICS (HIGH IMPACT, E.G., STEP, TAEBO) | 32. SKIING – CROSS COUNTRY (INCLUDING NORDIC TRACK) |
| 12. BASKETBALL | 33. SKIING – DOWNHILL |
| 13. BICYCLING | 34. SOCCER |
| 17. FOOTBALL | 36. STAIR CLIMBING |
| 20. HIKING | 38. SWIMMING |
| 21. HOCKEY | 39. TENNIS |
| 23. JOGGING | 40. TREADMILL |
| 24. KAYAKING | 41. VOLLEYBALL |
| 26. RACQUETBALL | 50. BOXING |
| 27. ROLLERBLADING | 53. MARTIAL ARTS (KARATE, JUDO) |
| 28. ROWING | 54. WRESTLING |
| 29. RUNNING | 71. OTHER (SPECIFY) - 1 |
| 31. SKATING | 72. OTHER (SPECIFY) – 2 |
| | 73. OTHER (SPECIFY) – 3 |

If an SP answers “yes” to the question about vigorous activities, a screen will appear allowing you to code all of the vigorous activities the SP did. You should note that boxing, martial arts and wrestling appear at the end of the list and are not in alphabetical order with the rest of the list on the screen. On the hand card that you will show to the SP however, they will be in alphabetical order.

HAND CARD PAQ 3

PAQ.326 [Over the **past 30 days**], did you do **moderate** activities for **at least 10 minutes** that cause only **light** sweating, or a **slight to moderate increase** in breathing or heart rate? Some examples are brisk walking, bicycling for pleasure, golf, or dancing. Here are some examples of these types of activities. Please do not include house work or yard work you have already told me about.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks if the individual did **moderate** activities for **at least 10 minutes** that caused **only light** sweating, or a **slight to moderate increase** in breathing or heart rate over the past 30 days. This question is asked to obtain information on moderate activities only. If the individual is uncertain, repeat that the question asks about moderate activities for a period of at least 10 minutes, etc. Read the examples as provided in the question.

PAQ.341 [Over the past 30 days], what **moderate** activity or activities did you do?

CODE ALL THAT APPLY

- | | | |
|---------------------------|-----------------------|---------------------------------|
| 10. AEROBICS (LOW IMPACT) | 24. KAYAKING | 42. WALKING |
| 11. BASEBALL | 27. ROLLERBLADING | 43. WEIGHT LIFTING |
| 12. BASKETBALL | 28. ROWING | 51. FRISBEE |
| 13. BICYCLING | 31. SKATING | 52. HORSEBACK RIDING |
| 14. BOWLING | 33. SKIING – DOWNHILL | 53. MARTIAL ARTS (KARATE, JUDO) |
| 15. DANCE | 34. SOCCER | 54. YOGA |
| 16. FISHING | 35. SOFTBALL | 71. OTHER (SPECIFY) |
| 17. FOOTBALL | 36. STAIR CLIMBING | 72. OTHER (SPECIFY) |
| 19. GOLF | 37. STRETCHING | 73. OTHER (SPECIFY) |
| 20. HIKING | 38. SWIMMING | |
| 21. HOCKEY | 39. TENNIS | |
| 22. HUNTING | 40. TREADMILL | |
| 23. JOGGING | 41. VOLLEYBALL | |

If an SP answers “yes” to the question about moderate activities, a screen will appear allowing you to code all of the moderate activities the SP did. As with the list of vigorous activities, this list also contains some activities that are not in alphabetical order with the rest of the list. Frisbee, horseback riding, martial arts and yoga appear at the end of the list on the screen but are in alphabetical order on the hand card that the SP will be viewing.

Reporting Specific Activities—A Special Note

In general, activities reported as moderate or vigorous **leisure time** activities should not repeat anything already captured in the question on transportation to work or tasks done around the house and yard. Do not enter a response of “having sex” in the “OTHER” category. Neither should activities already reported in previous questions be included as “OTHER.” We learned in the Pilot study that people will report all kinds of things. Here are a few: carrying children, pushing children in a stroller, picking up toys, packing suitcases, scrubbing pots, washing the dog, shopping, and using a wheelchair. Responses were sometimes as amorphous as “lifting and carrying.” After doing the appropriate probes, the interviewer should “cordially” bypass these purported “leisure activities” that simply do not qualify as moderate or vigorous exercise.

When a reported activity is clearly in the list following the question, the interviewer’s task is simple. When some other activity is reported, it is important for the interviewer to understand the activity and to properly report it. For example, reported use of a “rowing machine” would not be recorded as “OTHER,” but recorded as “ROWING.” Some examples of acceptable “OTHER” entries would be for activities not listed, such as fencing or canoeing. Other responses might require the interviewer to probe further to understand how they should be recorded. For example, if an SP mentions that he/she was “working out in the gym,” the interviewer needs to know what activities were done, e.g., weight lifting, riding a stationary bicycle, or using a rowing machine. If a combination of activities was done, the SP should be asked which ones they did for at least 10 minutes with the appropriate sweating, breathing, and heart rate to make it either a “moderate” or “vigorous” activity. If a “brand name” of an exercise machine is mentioned, for example “Health Rider” or “Nordic Track,” the interviewer should probe to understand what the person was doing on the machine and record the activity, not the name of the exercise machine.

PAQ.440 Over the **past 30 days**, did you do any physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups or sit-ups? Include all such activities even if you have mentioned them before.

CODE 'UNABLE TO DO' ONLY IF RESPONDENT VOLUNTEERS.

1. YES
2. NO
3. UNABLE TO DO ACTIVITY

This question asks about physical activities done to strengthen muscles, such as lifting weights or doing push-ups or sit-ups. The individual can respond “YES” to this question even if he or she reported the activity in previous questions on vigorous and/or moderate activities. The intent is to determine if the individual engaged in activities specifically designed to strengthen muscles.

PAQ.500 How does the amount of activity that you reported for the **past 30 days** compare with your physical activity for the **past 12 months**? Over the **past 30 days** were you...

1. more active,
2. less active, or
3. about the same?

This question asks the SP to compare the amount of activity reported over the past 30 days with the activity done over the past 12 months, to determine if this 30 day period was more active, less active or about the same as over the past 12 months. This will provide information as to how similar the past 30 days of activity is to the past 12 months of activity.

PAQ.520 Compared with most men your age, would you say that you are...

1. more active,
2. less active, or
3. about the same?

This question asks for a comparison of the SP’s activity level with other people of the same age as the SP. The response is self-reported and respondent defined.

PAQ.540 Compared with yourself **10 years ago**, would you say that you are...

1. more active now,
2. less active now, or
3. about the same?

This question asks the SP to compare his or her activity level with his or her activity level from 10 years ago, to determine if the SP is more active, less active or about the same. The response is self-reported.

PAQ.591 Now I will ask you about TV watching and computer use.

Over the **past 30 days**, on average how many hours per day did you sit and watch TV or videos outside of work? Would you say . . .

- | | |
|----------------------|--|
| 0. less than 1 hour, | 4. 4 hours, or |
| 1. 1 hour, | 5. 5 hours or more, or |
| 2. 2 hours, | 8. you do not watch TV or videos outside of work |
| 3. 3 hours, | |

PAQ.601 Over the **past 30 days**, on average how many hours per day did you use a computer or play computer games outside of work? Would you say . . .

- | | |
|----------------------|--|
| 0. less than 1 hour, | 4. 4 hours, or |
| 1. 1 hour, | 5. 5 hours or more, or |
| 2. 2 hours, | 8. you do not use a computer outside of work |
| 3. 3 hours, | |

These questions ask about time spent on a typical day watching TV or videos, or using a computer outside of work. The unit of time is hours per day, and the intent is to get an idea of the time spent in sedentary activities outside of work.

DIET BEHAVIOR AND NUTRITION (DBQ)

This section contains questions about the SP's general eating habits, milk consumption over his or her lifetime, and meals or food provided by various community or government programs. For SPs under the age of six, there are questions about breastfeeding, use of formula, use of regular milk, use of solid foods, and the ages at which eating habits changed. The section is asked of all SPs.

It is extremely important to pay attention to the reference period being asked about in each of the questions, it changes from “ever” to “past month” to “over your lifetime”.

DBQ.010 Now I am going to ask you some general questions about Anna's eating habits.

Was Anna **ever** breastfed or fed breastmilk?

1. YES
2. NO

Code 1 – “YES” if the child is/was breastfed by the biological mother or by a wet nurse or if breastmilk was given to the child through a bottle.

A wet nurse is someone other than the biological mother who breastfeeds the child or provides breastmilk that is fed to the child through a bottle, medical dispenser, cup, glass etc.

DBQ.020 How old was Anna when she was **first** fed something other than breastmilk or water.

INCLUDE FORMULA, JUICE, SOLID FOODS.

1. ENTER NUMBER AND UNIT
2. NEVER

Record the age at which the child was **first** given something other than breastmilk or water, even if he or she was not given it on a regular basis. Enter the child's age numerically, then designate the unit (days, weeks, months, years).

DBQ.040 How old was Anna when she was **first** fed formula on a **daily basis**?

INCLUDE CHILDREN RECEIVING FORMULA **AND** THOSE RECEIVING FORMULA AND BREASTMILK AT THE SAME TIME.

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

Code 1 – and enter the child’s age if at least one feeding of milk is/was usually given each day, even if the child was still breastfed most of the time.

This idea is noted on the instructions on the screen: “AT THE SAME TIME” means daily or on a regular daily basis. It does **not** mean formula and breastmilk are mixed together in the bottle.

Formula is a milk mixture or milk substitute that is fed to babies.

DBQ.080 How old was Anna when she **started** eating solid foods [such as strained foods like baby food or any other non-liquid foods] on a daily basis?

1. ENTER NUMBER AND UNIT
2. NEVER ON A DAILY BASIS

“Solid foods” include commercially prepared strained and junior foods, “table foods,” homemade foods, or other non-liquid food.

HAND CARD DBQ3

DBQ.197 Now I’m going to ask a few questions about **milk products**. Do not include their use in cooking.

In the **past 30 days**, how often did you have milk to drink or on your cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to your coffee or tea. Would you say . . .

0. never,
1. rarely – less than once a week,
2. sometimes – once a week or more, but less than once a day, or
3. often – once a day or more?
4. VARIED

The intent of this question is to determine the SP’s frequency of milk consumption, **including flavored milk**. A help screen provides information on hot cocoa.

HAND CARD DBQ5

DBQ.235a-c Now, I'm going to ask you how often you drank **milk** at different times in your life.

How often did you drink any type of milk, including milk added to cereal when you were...

a child (5 – 12)

a teenager (13 – 17)

a young adult (18 – 35)

IF NECESSARY, PROBE FOR USUAL OR MOST COMMON AMOUNT FOR THIS TIME PERIOD.

0. never,
1. rarely – less than once a week,
2. sometimes – once a week or more, but less than once a day, or
3. often – once a day or more?
4. VARIED

Unlike the preceding questions in this section, the time frame for this question is **over the SP's lifetime** rather than past month. The option categories, however, remain the same. Refer the SP to the hand card when answering this question.

CARDIOVASCULAR FITNESS (CVQ)

At present we ask many questions both in the household questionnaire and the Mobile Exam Center which exclude respondents from the cardiovascular fitness component of the MEC exam. During the Year 6 data collection period, NCHS is testing the feasibility of using this group of questions as exclusionary questions and moving the questions so that they would only be asked in the Sample Person Questionnaire. For Year 6 all the existing exclusionary questions will continue to be asked in the MEC but will also be added to the household questionnaire. The MEC questions, however, will be the only data set used to exclude SPs from the fitness component. The household questionnaire CVQ section will be administered as a test for all SPs 8 years and older.

WEIGHT HISTORY (WHQ)

This section contains questions about the SP's height and weight at different times in his or her life and about the SP's attempts to lose and/or maintain weight in the past 12 months. Weight History is asked of SPs age 16 and older.

WHQ.010 How tall are you without shoes?

ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS

01. ENTER HEIGHT IN FEET AND INCHES

02. ENTER HEIGHT IN METERS AND CENTIMETERS

The first question is a "gate" question which requires you to indicate whether you will enter the response in feet and inches or meters and centimeters. If the response is entered in feet and inches, the recording rules for this question are as follows:

- If the respondent answers in feet only, probe for inches.
- If the respondent still states height in feet (for example, "exactly 5 feet"), record the answer as 5 feet, 0 inches.
- If the height is stated in terms of feet only (for example, "6 and ½ feet), record in feet and inches – 6 feet, 6 inches.
- If inches are given as a fraction measurement, use the rounding rule and drop the fraction.
- Probe a DK response by saying, "the last time SP was measured, how tall was he/she?" A best estimate is sufficient.

WHQ.025 How much do you weigh without clothes or shoes? [If you are currently pregnant, how much did you weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you are currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.053 How much did you weigh **a year ago**? [If you were pregnant a year ago, how much did you weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you were pregnant . . .] **ONLY** IF SP IS FEMALE **AND** SP AGE IS 16 THROUGH 60.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.111 How much did you weigh **10 years ago**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS LESS THAN 69.

01. ENTER NUMBER OF POUNDS
02. ENTER NUMBER OF KILOGRAMS

WHQ.120 How much did you weigh at **age 25**? [If you don't know your exact weight, please make your best guess.] [If you were pregnant, how much did you weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE [If you were . . .] **ONLY** IF SP IS FEMALE.

01. ENTER NUMBER OF POUNDS

02. ENTER NUMBER OF KILOGRAMS

WHQ.147 What is the most you have **ever** weighed? [Do not include any times when you were pregnant.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:

DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY** IF SP IS FEMALE.

01. ENTER NUMBER OF POUNDS

02. ENTER NUMBER OF KILOGRAMS

As indicated on the screen, weight may be entered in pounds and/or ounces or kilograms and/or grams. First you will be asked a "gate" question which requires you to indicate how you will answer the question.

Do not enter fractions; use the rounding rule and enter whole numbers only. If a person responds, "I don't know because I never weigh myself," probe by asking the SP how much he or she weighed the most recent time he or she was weighed.

Do not have the SP weigh him or herself. Probe for a guess or best estimate. Keep in mind that some people are sensitive about their weight and be careful not to alienate the SP by probing if this seems to be the case.

Note: The statement which directs the SP to count her weight before pregnancy will appear for all females who are (were) age 16-59 during the time period referenced. For example, it will appear for females 16-**60** when asking how much the SP weighed **a year ago**.

SMOKING AND TOBACCO USE (SMQ)

The next section asks about the use of tobacco in all of its forms, that is, cigarettes, pipes, cigars, snuff and chewing tobacco. It asks about the regularity of use, starting and quitting experiences, and, for cigarettes, the name of the product used. This section is not interested in the use of any kind of marijuana, hashish, crack or similar products. The section is asked of all SPs age 20 and older.

The questions are grouped by type of product (e.g., cigarettes, pipes, etc.). All SPs are asked if they have smoked a certain amount of the tobacco form over their lifetime (for example, 100 cigarettes, 20 cigars). This minimum is to eliminate those who never had the habit from answering other questions about the product. The minimum number convention is used in many other health surveys.

SMQ.020 These next questions are about cigarette smoking and other tobacco use.

Have you smoked at least 100 **cigarettes** in your entire life?

1. YES
2. NO

Do not define “cigarettes” for the SP. For example, if the SP asks whether little cigars are considered “cigarettes,” find out how the SP would classify them and accept this classification.

SMQ.030 How old were you when you first started to smoke cigarettes fairly regularly?

1. ENTER AGE
2. NEVER SMOKED REGULARLY

This question can be difficult for an SP to answer since it depends on their interpretation of what is meant by “fairly regularly.” We are interested in the SP’s age when smoking became routine or became an established habit for them, **not** necessarily when they first started experimenting with cigarettes. Record the respondent’s best estimate.

SMQ.040 Do you **now** smoke cigarettes...

1. every day
2. some days, or
3. not at all?

“Now” means within the current month or so and **not** necessarily whether the SP has had a cigarette today. Even the use of a very small number of cigarettes at the present time would qualify as a “YES” response. For example, if a person says, “I only smoke if I’m under a lot of pressure,” the answer should be coded 2 – some days.

Similarly for respondents who indicate they have stopped smoking temporarily, for example due to illness, but expect to begin again, the answer should be either 1 or 2.

SMQ.050 How long has it been since you quit smoking cigarettes?

ENTER NUMBER AND UNIT (DAYS, WEEKS, MONTHS, YEARS)

If less than one day, enter “1 day.” Otherwise enter the length of time since the SP quit smoking in whole days, weeks, months, or years. Convert fractions to a different unit if possible. For example 1 and ½ years can be recorded as 18 months. 1 and ½ months can be recorded as 6 weeks. If not possible, use the rounding rule to round to the nearest whole number.

SMQ.093 May I please see the pack for the brand of cigarettes you **usually** smoke.

TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT YOU SEE THE CIGARETTE PACK.

1. PACK SEEN
2. PACK NOT SEEN

The first screen in the process of collecting information about cigarettes is one that requires you to indicate whether you have seen the pack of cigarettes. It is extremely important that you make every effort to see the cigarette pack so that you can record the UPC from the side of the pack. Entering the UPC shortens the data collection process and elicits the best information possible about the type of cigarette the SP smokes.

Most SPs who smoke on a regular basis have the pack of cigarettes they smoke readily available. There are only a few reasons why you should not be able to see the pack of cigarettes.

- SP rolls his own cigarettes – do **not** record 'PACK SEEN' in this instance.
- SP never buys his own, but rather “bums” from others.

These both should be rare occurrences.

SMQ.310 ENTER THE UNIVERSAL PRODUCT CODE FROM THE CIGARETTE PACK. UPC MUST CONTAIN **8 OR 12** DIGITS.

SELECT ONE OPTION.

1. ENTERING 8 DIGIT UPC
2. ENTERING 12 DIGIT UPC
3. UNABLE TO READ CODE-PACK DAMAGED

Most cigarettes should have either an 8 or 12 digit UPC. At this screen after looking at the code on the side of the pack, you will indicate whether you will be entering an 8 or 12 digit UPC. At this point, CAPI will only allow you to enter the indicated number of digits. If for any reason you do not see either 8 or 12 digits on the side of the pack, you will use code #3 (UNABLE TO READ CODE/PACK DAMAGED).

****3SMQ.320** ENTER THE 8 DIGIT UPC CODE.

Note: To ensure accuracy, you will be required to enter the UPC number a second time.

****3SMQ.098** YOU HAVE SELECTED

BENSON & HEDGES DELUXE ULTRA LGT MENTHOLATED FILTERED 100's HARD PACK

1. CORRECT
2. NOT CORRECT

If you are unable to see the cigarette pack, or if the code you entered is not in the CAPI database, you will be asked to enter the brand name of the cigarette.

SMQ.100k What brand of cigarette do you **usually** smoke?

CAPI INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW INTERVIEWER TO ENTER 1 BRAND OF CIGARETTES OR 'NO USUAL BRAND'.

REFER TO PRODUCT LABEL IF AVAILABLE.

ENTER **BRAND** NAME OF CIGARETTE.

IF NO USUAL BRAND, TYPE 'NO USUAL BRAND'.

SMQ.111 PRESS BACKSPACE KEY TO START THE LOOKUP.

SELECT PRODUCT FROM LIST OR TYPE 'NO USUAL BRAND'.

IF PRODUCT **NOT** ON LIST –

PRESS BS KEY TO DELETE ENTRY

TYPE *******

PRESS ENTER TO SELECT.

CAPI INSTRUCTION:

DISPLAY CAPI CIGARETTE PRODUCT LIST. INTERVIEWER SHOULD BE ABLE TO SELECT ONE PRODUCT NAME FROM LIST OR 'NO USUAL BRAND'. IN ADDITION, INTERVIEWER SHOULD BE ABLE TO ACCEPT THE PRODUCT NAME AS IT WAS KEYED IN SMQ.100 BY TYPING IN *******.

These screens initiate the lookup function in this section of the questionnaire.

Type in the brand name (for example, More Ultralights). If the SP mentions more than one brand, probe for the one he/she **usually** smokes. If the SP does not usually smoke a particular brand, type “NO USUAL BRAND”. Press “enter” to move to the next screen.

Press the “backspace” key to start the lookup. When the lookup window opens, the information that you entered will be in the input field. Above the input field, a list of possible matches will appear. You should scroll through the list to find the best match for the **full brand** and product information that the respondent has provided. It is important to review the list of potential matches very carefully as a brand name may appear on the list more than once with the only distinction being the size or whether it is filtered or mentholated. The data contained on the lookup list includes size of the cigarette (e.g., “king” or “100”), whether it is filtered (1 = “filtered”, 0 = “non-filtered”) and whether it is mentholated (1 = “menthol”, 2 = “non-menthol”). If there is a match, make sure it is highlighted and select it by pressing “enter”. Your selection will appear in the lookup field. Press “enter” to accept your selection.

If the cigarette brand name does **not** appear on the list, that is there are no matches, use the “backspace” key to delete the entry in the input field, then type “**” and press “enter” to indicate that your lookup was unsuccessful. “PRODUCT NOT ON LIST” appears in the lookup field. Press “enter” to accept this response. You will then be asked a series of questions to identify all the qualifiers to the brand you have entered.

SMQ.110a ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT FILTERED OR NON-FILTERED?

ENTER '1' FOR **FILTERED**

ENTER '0' FOR **NON-FILTERED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

FILTERED	1
NON-FILTERED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110b ASK IF NECESSARY:

IS THE CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED?

ENTER '1' FOR **MENTHOLATED**

ENTER '0' FOR **NON-MENTHOLATED**

CAPI INSTRUCTION:

'1' AND '0' SHOULD BE THE ONLY CODES ACCEPTED BY CAPI.

MENTHOLATED.....	1
NON-MENTHOLATED	0
REFUSED	7
DON'T KNOW.....	9

SMQ.110h ASK IF NECESSARY:

WHAT IS THE CIGARETTE PRODUCT SIZE?

CAPI INSTRUCTION:

THIS ITEM IS STORED IN SMQ.110f IN THE DATA BASE.

REGULARS	1
KINGS	2
100S	3
120S	4
REFUSED	7777
DON'T KNOW.....	9999

SMQ.110g REFER TO PRODUCT LABEL, IF AVAILABLE – ASK IF NECESSARY.

WHAT ARE THE OTHER NAME BRAND QUALIFIERS FOR THE CIGARETTE PRODUCT?

CAPI INSTRUCTION:

SHOULD BE A 'CODE ALL THAT APPLY' EXCEPT IF "REF", "DK" OR "NONE" SELECTED. NO OTHER RESPONSE OPTION SHOULD BE ALLOWED. THE "OTHER SPECIFY" RESPONSE SHOULD REQUIRE A TEXT ENTRY.

DELUXE	10
HARD PACK.....	11
LIGHTS.....	12
MILDS.....	13
SLIMS.....	14
SPECIALS	15
SUPER	16
ULTRA LIGHTS	17
OTHER (SPECIFY)	18
NONE	19
REF	77
DK.....	99

ACCULTURATION (ACQ)

The set of questions in this section are about language use. For SPs whose ethnicity is coded “Hispanic” in the Screener, there is a series of questions about the language usually used, Spanish or English, when speaking and reading as well as questions on the country of birth of the SP’s father and mother. For the purpose of this section we are only interested in Spanish and English, even if the SP also speaks or reads other languages. This section is asked of SPs age 12 or older.

SOCIAL SUPPORT (SSQ)

This section covers family and other social relationships. The purpose of these questions is to gather data on the SP’s social support environment. This section is asked of SPs age 40 and older.

OCCUPATION (OCQ)

Overview

This section of the questionnaire obtains information about the current job held by SPs age 16 and over. The section also collects information about protective hearing devices worn on the current job and about current and past exposure to job related loud noise. If the SP reported that he or she had asthma in the Medical Conditions section, a few additional questions are asked about the type of work the SP was doing when he or she first developed symptoms of asthma. The general flow of the questions is illustrated on the next page.

The occupation section contains questions about employment status, type of work (if employed) and work conditions and, if the SP reported that he or she had asthma in the Medical Conditions section, the type of work he or she was doing when asthma symptoms first developed.

Note the following definitions with respect to Question **OCQ.152**:

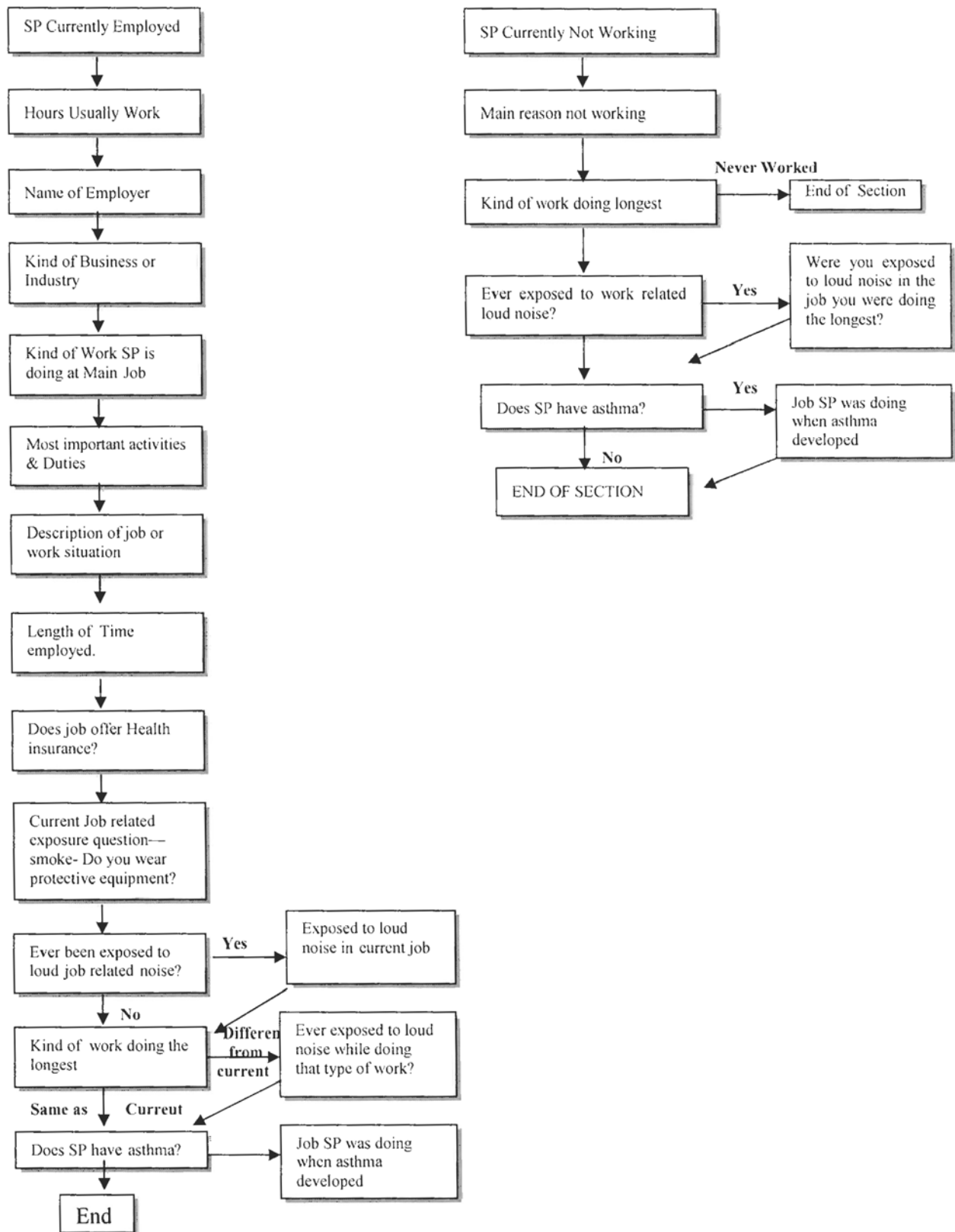
1. Work

■ Include the following as “work”:

- (1) Working for pay (wages, salary, commission, piecework rates, tips, or “pay-in-kind” such as meals, living quarters, or supplies provided in place of cash wages.)
- (2) Working for profit or fees in one’s own business, professional practice, partnership, or farm even though the efforts may produce a financial loss.
- (3) Working without pay in a business or farm operated by a related household member.
- (4) Working as an employee of the National Guard or Department of Defense.
- (5) Serving on paid jury duty.
- (6) Participating in “exchange work” or “share work” on a farm.

■ Do not include as “work”:

- (1) Unpaid work which does not contribute to the operation of a family business or farm (e.g., home housework).
- (2) Unpaid work for a related household member who is a salaried employee and does not operate a farm or business (e.g., typing for a husband who is a lawyer for a corporation).



- (3) Unpaid work for an unrelated household member or for a relative who is not a household member.
 - (4) Volunteer or other unpaid work for a church, charity, political candidate, club, or other organization, such as the Red Cross, Community Fund, etc.
 - (5) Service in the Armed Forces, including time while on temporary duty with the National Guard or Reserves. (NOTE – Persons on active duty with the Armed Forces should have been excluded by the Screener Questionnaire. They should not be administered the SP questionnaire.)
 - (6) Owning a business solely as an investment to which no contributions is made to the management or actual operation (e.g., owning a grocery store which someone else manages and operates).
2. Job – A job exists if there is a definite arrangement for regular work for pay every week or every month. This includes arrangements for either regular part-time or regular full-time work. A formal, definite arrangement with one or more employers to work a specified number of hours per week or day per month, but on an irregular schedule during the week or month, is also considered a job.
- Do not consider a person who is “on call” and works only when his/her services are needed as having a job during the week in which s/he does not work. An example of a person “on call” is a substitute teacher who was not called to work during the last week.
 - Consider seasonal employment as a job only during the season and not during the off-season. For example, a ski instructor would not be considered as having a “job” during the off-season.
 - Consider school personnel (teachers, administrators, custodians, etc.) who have a definite arrangement, either written or oral, to return to work in the fall as having a “job” even though they may be on summer vacation.
 - Consider persons who have definite arrangements to receive pay while on leave of absence from their regular jobs to attend school, travel, etc., as having a “job”. This may be referred to as a “sabbatical leave”. Probe to determine if the person is receiving pay if this is not volunteered.
 - Do not consider a person who did not work at an unpaid job on a family farm or in a family business during the past week as having a “job”.
 - Do not consider people who do not have a definite job to which they can return as having a “job”. For example, do not consider a person to have a job if his/her job has been phased out or abolished, or if the company has closed down operations.
3. Business – A business exists when one or more of the following conditions are met:
- Machinery or equipment of substantial value is used in conducting the business, or
 - An office, store, or other place of business is maintained, or

- The business is advertised to the public. (Some example of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or service offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
 - Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
 - Distributing products such as Tupperware, or newspaper. Distributing products is not a business unless the person buys the good directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.
4. On Layoff – Persons are on layoff if they are waiting to be recalled to a job from which they were temporarily separated for business-related reasons, such as temporary drops in demand, business downturns, plant remodeling, material shortage, and inventory taking. They must have either been given a date to report back to work or, if not given a date, must expect to be recalled to their job within six months.
5. Looking for Work – To be looking for work, a person has to have conducted an active job search. An Active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods includes:
- Filled out applications or sent out resume.
 - Placed or answered classified ads.
 - Checked union/professional registers.
 - Bid on a contract or auditioned for a part in a play.
 - Contacted friends or relatives about possible jobs.
 - Contacted school/college university employment office.
 - Contacted employment directly.

Job search methods that are not active include:

- Looked at ads without responding to them.
- Picked up a job application without filling it out.

The government is attempting through several work and training programs to assist various segments of the population in combating poverty and to provide increased employment

opportunities. The employment questions in this series are not designed to distinguish participants in these programs and you should not probe to identify them. However, if the respondent identifies a person as an enrollee in a government-sponsored program, proceed according to the instruction below. (NOTE: The list of programs is not all-inclusive. Use the “general” guidelines for programs not specifically covered.)

a. General

- Consider the person as working if s/he receives any pay for the work or an on-the-job training.
- Do not consider the person as working or with a job if s/he receives welfare or public assistance while participating in work programs as a condition for receiving the welfare (work relief) or participating voluntarily.

b. Comprehensive Employment and Training Act (CETA) – This act authorizes a full range of manpower services, including public service employment, and funds programs for education and skill training, on-the-job training, special programs and disadvantaged groups, language training for persons with limited English-speaking abilities, retraining for older workers, basic education, etc. Some older programs now administered under this act are the Neighborhood Youth Corps, the Job Opportunities in the Business Sector Program (JOBS), the Manpower Development and Training Program (MDTA), the new Careers Program, Operation Mainstream, and others.

- Consider the participants as working if s/he receives on-the-job training.
- Do not consider the participants as working or with a job if s/he receives training in a school or other institutional setting.
- Consider the participants as working if s/he receives both on-the-job and institutional training. (NOTE: Count only the time spent on the job as working, however.)

c. Migrant Seasonal Farm Workers – (CETA- National) – This program aids migrant workers with high school equivalency instruction, manpower training, and the other aids available under local CETA programs.

- Consider the participant as working if s/he worked full- or part-time in addition to any training received. (NOTE: Count only the time actually worked or spent in on-the-job training as working.)
- Do not consider the participants as working with a job if s/he does no work at all, but received training in a school or other institutional setting.

d. Public Employment Program (PEP) or Public Service Employment (PSE-CETA) – These programs provide public service jobs for certain groups suffering from the effects of unemployment. Consider participants in these programs as working.

- e. Volunteers in Service to America (VISTA) – This program is known as the “Domestic Peace Corps” and provides community service opportunities. Participants serve for one year and receive a small stipend and living allowance. Consider enrollees as working.
 - f. College Work-Study Program – This program was designed to stimulate and promote the part-time employment of students who are from low-income families and are in need of earnings to pursue courses of study. Consider participants in this program as working.
 - g. Cooperative Education Program – This authorizes a program of alternating study and work semesters at institutions of higher learning. Since the programs alternate full-time study with full-time employment, consider participants as working if that is the activity at the time of interview. Do not consider them as working or with a job if they are going to school at the time of the interview.
 - h. Foster Grandparent Program – This program pays the aged poor to give personal attention to children, especially those in orphanages, receiving homes, hospitals, etc. Consider such persons as working.
 - i. Work Incentive Program (WIN) – This program provides training and employment to persons receiving Aid to Families with Dependent Children (AFDC).
 - Consider persons receiving public assistance or welfare who are referred to the State Employment Service and placed in a regular job as working.
 - Consider persons receiving public assistance or welfare who are placed in an on-the-job or skill training program as working only if receiving on-the-job training.
 - Do not consider persons receiving public assistance or welfare who are placed on special work projects, which involve no pay, other than the welfare itself, as working or with a job.
 - j. Older Americans Community Service Employment and Operation Mainstream – These programs provide employment to chronically unemployed or older persons from poverty families. Consider persons in either program as working.
 - k. Veterans Apprenticeship and On-the-Job Training Programs – These programs encourage unions and private companies to set up programs to train veterans for jobs that will be available to them after completion of the program. Consider veterans in such programs as working.
 - l. Work Experience and Related Programs – See “General Guidelines”.
6. On Leave – An uncompensated leave of absence from a job. The absence must be at least one week or longer. Count this response as “with a job but not at work.”

OCQ.180

1. Working Without Pay – Working on a farm or in a business operated by a related member of a household, or receiving wages or salary for work performed.
2. Hours Worked Last Week – The number of hours actually worked during a week. Hours worked will include overtime if the SP member worked overtime for most of the week during the reference period. The actual hours worked is often not the same as the hours on which the person's salary is based. In this question we want the actual hours spent working on the job, whether the hours are paid or not. However, unpaid hours spent traveling to and from work are never included in hours worked per week.

NOTE: JOB AND BUSINESS DESCRIPTION QUESTIONS

Questions **OCQ.220 through OCQ.250** provide a full description of a person's current or most recent job or business. The detail asked for in these questions is necessary to properly and accurately code each occupation and industry. This information can be combined with various health data collected in the remainder of the survey to compare the relationships between jobs and health, exposure to hazards, time lost from work and other variables.

Note the following definitions:

1. Main Job – The job or business which is the primary source of a person's income. (**OCQ.220**)
2. Work – See definition for work status series.
3. Kind of business or industry – The major activity of the establishment or business in which the person works.

GENERAL INSTRUCTIONS

1. Questions **OCQ.220 through OCQ.260** provide a full description of a person's civilian job or business. Each question must be completed as follows:

OCQ.220 —Employer: The name of the company, business, organization, government agency, or other employer.

OCQ.230– Kind of Business: The type of business or industry at the location where the person was working.

OCQ.240– Kind of Work/Occupation: The type of work the person was doing. Often stated as job title.

OCQ.250– Most Important Activities/Duties: The most important activities or duties associated with the type of work the person was doing.

OCQ.260 – Class of Workers: Whether the industry and occupation described in OCQ.220-OCQ.250 identifies the person as working for:

- A. **Private Company or Business:** Employees of an organization whose operation are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes work for private organizations doing contract work or government agencies.
- B. **Federal Government:** Federal employees include individuals working for any branch of the federal government, as well as elected officials and civilian employees of the armed forces. Includes persons working for any branch of the federal government including persons who were elected to paid federal offices and civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.
- C. **State Government Employees:** State employees include individuals working for agencies of state governments, as well as paid state officials, the state police, and employees of state universities and colleges. Report this category for employees of State governments which include paid state officials, state police, employees of state universities and colleges, and statewide JTPP administrators.
- D. **Local Government:** Local government employees include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Report for employees of counties, cities, towns, and other local areas. Included here would be city-owned bus lines, electrical power companies, water and sewage services, etc. Employees of public elementary and secondary schools who worked the local government should also be included here.

- E. **Self Employed:** Persons working for profit or fees in their own business, shop, office, farm, etc. Included persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers.
- F. **Working Without Pay In a Family Business or Farm.** Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed. Room and board and a cash allowance are not considered as pay for these family workers.
2. Ask question OSQ.220 through OSQ.260 in the following situations:
- For persons who had a job or business in the past week, whether they worked at it or not, including persons on layoff.
 - For all other persons who were looking for work during the past week.
3. All entries in this series must refer to the same job or business and must present a consistent picture since you are describing only one job, business, or profession. When you get an inconsistency, probe to obtain adequate and consistent entries.

Example: A respondent reports

OCQ.220	Joe's Barber Shop
OCQ.230	Retail Jewelry store
OCQ.240	Barber
OCQ.250	Selling Jewelry
OCQ.260	1 (private)

This is obviously inconsistent. Correct entries might be:

OCQ.220	Joe's Barber Shop		OCQ.220	Smith's Jewelry Co.
OCQ.230	Barber shop		COQ.230	Retail Jewelry store
OCQ.240	Barber	OR	OCQ.240	Jewelry salesman
OCQ.250	Cutting hair		OCQ.250	Selling jewelry
COQ.260	1		OCQ.260	1

4. For persons who worked during the past week, describe the job at which they worked.
- If a person worked at more than one job during the past week, or operated a farm or business and also worked for someone else, describe the one job at which s/he worked the most hours. If the person worked the same number of hours of all jobs, enter the one job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.
 - If a person was absent from his/her regular job all the past week but worked temporarily at another job, describe the job at which the person actually worked, not the job from which s/he was absent.

5. If a person had a job but did not work at all during the past week, describe the job s/he held.

If a person usually works at two or more jobs, but during the past week did not work at any of them, enter the job at which s/he usually works the most hours. If the person usually works the same number of hours at all jobs, enter the job at which s/he has been employed the longest. If the person was employed at all jobs the same length of time, enter the one job which the respondent considers the main job.

6. For a person on LAYOFF during the past week, enter the job from which she was laid off, regardless of whether this is a full- or part-time job.
7. For person LOOKING FOR WORK, enter the last full-time civilian job which lasted 1 week or more. This may have been for wages or salary, in his/her own business, or without pay on a family farm or in a family business.
8. For persons who worked or last worked in a foreign country, enter a description of the foreign job or business. Use the same instructions for completing questions OCQ.220 through OCQ.260 for foreign jobs as you do for U.S. held jobs.
9. Consider persons who are working through an employment contractor to be working for the contractor, not the individual employer to whom they are assigned.

Example: For a person assigned a job by “Kelly Services” as a typist for an insurance firm, the OCQ.220 through OCQ.260 questions entries would be:

OCQ.220	Kelly Services
OCQ.230	Temporary help employment contractor
OCQ.240	Typist
OCQ.250	Typing
OCQ.260	1

10. Distinguish between different types of farm workers.

When the place of work is a ranch, follow the same procedures used for a farm. Use the terms “Rancher:” instead of a “Farmer”, “Ranch hand” instead of “Farm hand” etc. If you have difficulty deciding whether a place is a farm or a ranch, consider it to be a farm.

11. For persons enrolled in government-sponsored programs, record the specific employer rather than government program. For example, in the case of CETA-sponsored programs, it is possible for an individual to actually work for either the local government or a private employer. If in doubt as to whom the employer is, ask the respondent who pays the wages.
12. Whenever you have difficulty determining who the actual employer is, apply the “pay check” rule of thumb – ask who pays the person and consider them as the employer.

Example: A person may say that s/he works for Local #212 of the plumbers’ union. However, during the past week s/he was working on a new construction project and was paid by Acme Contractors. Therefore, “Acme Contractors” would be the employer, not the union.

OCQ.220

You may or may not ask this question depending on the respondent's previously determined work status.

Employer

- a. Enter the full and exact name of the company, business, government agency, or other employer. Do not use abbreviations unless that is all the respondent can give you for the names of the employers. The answer fields in both OCQ.220 are long enough so that you do not have to abbreviate. For persons who work or last worked for employers without company names (such as a farm, dentist's or lawyer's office, etc.), enter the name of the owner. For persons who worked for several different employers, like odd jobs or domestic workers, baby-sitters, etc., type "various persons" in OCQ.220.
- b. Government—For employees of a government agency, record the specific organization and indicate whether the organization is Federal (U.S.), state, county, etc. For example, U.S. Treasury Department, STATE highway police, CITY tax office, COUNTY highway commission. It is not sufficient to report merely "U.S. Government", "City government", "police department", etc.
- c. Self- Employed – If the person is self-employed, ask if the place of business or establishment has a name (such as Twin City Barber Shop, Capitol Construction, etc.) and write it in OCQ.220. If there is no business name, enter "Self- Employed", "own business", "family farm", etc.

OCQ.230 – OCQ.250

The next several questions contain open-ended response categories. An open-ended question is a question that does not contain a pre-coded choice of answer categories. Open-ended questions are used when researchers do not feel they know the full range of possible answers to a question. The respondent answers the question in his/her own words. The interviewer records exactly what the respondent says, word for word. This technique is called verbatim recording. The interviewer may neither paraphrase nor summarize the respondent's answer.

People talk faster than most interviewers can type, therefore the interviewer must have techniques for recording quickly and for slowing down the respondent without inhibiting him/her or biasing his/her answers. Some of these techniques include:

- Beginning to type as soon as the respondent begins to answer.
- Use of standard abbreviations. Use only abbreviations that are commonly known.
- Letting the respondent know what you are doing. "I need to record everything you're saying and I want to be sure I get it all down, so will you please speak slowly and bear with me while I type?"
- Repeat what you are typing as you type it. This is another way of letting the respondent know what you are doing, and is a good way of filling dead space in the interview.

- If you get lost, go back to the beginning, read what you have recorded and let the respondent take it from there. Do not suggest to the respondent what you think s/he was saying when you lost your place.
- The respondent will take a cue from your pace. Reading questions slowly shows him/her you aren't in a hurry, and that s/he shouldn't be either.
- Be aware of your space limitations. Some screens will not have enough space for you to record the complete verbatim response. In those situations, record the full response in comments and an "abbreviated version on the screen."

In order to insure that we are getting enough correct information, you must listen carefully to what the respondent is saying while you are typing. You must be ready to probe. You should always use controlled, non-directive and neutral probes. Answers should be probed for clarity, completeness, and to the point of the question.

OCQ.230 Kind of Business of Industry

- a. In order to give a clear and exact description of the industry, the entry must indicate both a general and specific function for the employer; for example, copper mine, fountain pen manufacturer, wholesale grocery, retail bookstore, road construction, and shoe repair service. The words "mine", "manufacturer", "wholesale", "retail", "construction", and "repair service" shows the general function. The words "fountain pen", "grocery", "bookstore", "road", and "shoe" indicate the specific function.
- b. Do not use the word "company" in this entry. It does not give useful information. If the respondent reports that s/he works for a metal furniture company, ask "What does the company do?" If they sell the furniture, ask, "Do they sell to other stores (which would be wholesale) or to individual (which would be retail)?" In this example, the possible replies, would be "metal furniture manufacturer," "furniture wholesales," or "furniture retailer". Note that, where possible, you should specify for furniture manufacturers the major materials used – wood, metal, plastic, etc., but for the selling operation, it is not necessary, since the furniture wholesalers, and retailers very often sell various types.
- c. Some firms may carry more than one kind of business or industrial activity. If several activities are carried on at the same location, describe only the major activity of the establishment. For example, employees in a retail salesroom located at the factory of a company primarily engaged in the manufacturing of men's clothing should be reported as working as "Men's clothing manufacturing."
 - (1) If the different activities are carried on at separate locations, describe the activity at the place where the person works. For example, report a coal mine owned by a large steel manufacturer as "Coal mine"; report the separate paint factory of a large chemical manufacturer as "paint manufacturing".
 - (2) A few specified activities, when carried on at separate locations, are exceptions to the above. Record the activity of the parent organization for research laboratories, warehouses, repair shops, and storage garages, when these kinds of establishments exist primarily to serve their

own parent organizations rather than the public or other organizations. For example, if a retail department store has a separate warehouse for its own use, the entry for the warehouse employees should be “retail department store” rather than “warehouse”.

- d. It is essential to distinguish among manufacturing, wholesale, retail, and service companies. Even though a manufacturing plant sells its products in large lots to other manufacturers, wholesalers, or retailers, report it as a manufacturing company. Use the following as a guide:
 - (1) A wholesale establishment buys, rather than makes, products in large quantities for resale to retailers, industrial users, or to other wholesalers.
 - (2) A retailer sells primarily to individual customers or users but seldom makes products.
 - (3) Establishments which render services to individuals and to organizations such as hotels, laundries, cleaning, dyeing shops, advertising agencies, and automobile repair shops are engaged in providing services. Report these as retailers but show the type of service provided, for example, “Retail TV and radio repair.”
- e. Manufacturer’s Sales offices: Record a separate sales office set up by a manufacturing firm to sell to other business organizations and located away from the factory or headquarters of the firm as “(product) manufacturers’ sales office.” For example, a St. Louis Shoe factory has a sales office in Chicago; “shoe manufacturer’s sales office,” is the correct entry for workers in the Chicago office.
- f. Government Organizations: Usually the name of the government agency is adequate, for example, U.S. Census Bureau, Alexandria City Fire Department.
 - (1) If the activity of the government is absolutely clear, the name of the agency is sufficient. In such cases, enter “Same” in OCQ.230. However, sometimes the names of government agencies are not fully descriptive of their business or activity. A correct entry in OCQ.230 for a county highway commission might be one or any combination of the following: “County road building”, “ County road repair”, “ County contracting for road building (or repair”. For State Liquor Control Board, the correct entry might be “State licensing of liquor sales” or “State liquor retailer”.
 - (2) If the business or main activity of a government employer is not clear, ask what part of the organization the person works and then report that activity. For example, for a city department of Public Works, a correct entry might be one of the following: “city street repair”, “city garbage collection”, “city sewage disposal” or “city water supply”.
- g. Persons who do not work at one specific location: Some people’s work is done “on the spot” rather than in a specific store, factory, or office. In these cases report the employer for whom they work in item OCQ.220 and the employer’s business or industry in OCQ.230. Among those who normally work at different locations at different times are Census interviewers, building painters, and refrigeration mechanics. Their industry entries might be the U.S. Census Bureau, building contractor, or refrigeration repair services. For example, a local retail chain is doing remodeling of several stores, one at a time. They have a contract with a building contractor to furnish a small crew each day for the several months needed to do the work. Even though these people report to a retail store each day, they work for the building contractor.

- h. Business in own home: Some people carry on businesses in their own homes. Report these businesses as if they were carried on in regular stores or shops. For example, dressmaking shop, lending library, retail antique furniture store, insurance agency, piano teaching, boarding house, rest home, boarding children (for a foster home), etc.
- i. Domestic and other private household workers: When the name of a single individual is given as the employer, find out whether the person works at a place of business or in a private home. The proper Industry entry for a domestic worker employed in the home of another person is “private home”. For a person cleaning a doctor’s office which is in the doctor’s own home, the property entry is “doctor’s office”. This also applies to other types of offices, such as dentists or lawyers.
- j. Persons placed on jobs through union hiring halls or other similar registers often report working for the union. In this situation probe to determine who pays the person – the union or the site employer – and complete OCQ.220 through OCQ.260 for the one who pays.
- k. Examples of adequate entries for question OCQ.230: The following are examples of inadequate and adequate entries for kind of business or industry (OCQ.230). Study them carefully and refer to them periodically to familiarize yourself with the types of entries that are proper and adequate.

INADEQUATE

Agency

Aircraft components:
Aircraft parts

Auto or automobile
components; auto or
automobile parts

Bakery

Box factory

City or City
government

Private club

ADEQUATE

Collection agency, advertising agency, travel
agency, insurance agency.

Airplane engine parts factory, propeller
manufacturing, electronic instruments
factory, wholesale aircraft parts, etc.

Auto clutch manufacturing, wholesale auto
accessories, automobile tire manufacturing,
retail sales and installation of mufflers, battery
factory, etc.

Bakery plant (makes and sells to wholesalers,
retail stores, restaurants, or home delivery),
wholesale bakery (buys from manufacturers or
sells to grocers, restaurants, hotels, etc.), retail
bakery (sells only on premises to private
individuals; may bake its own goods on
premises).

Paper box factory, wooden box factory,
metal box factory.

City street repair department, City Board of
Health, City Board of Education.

Golf club, fraternal club, night club,
residence club.

INADEQUATE

Coal company

Credit company

Dairy

Discount house;
Discount store

Electrical components
Manufacturers
Electrical parts
manufacturer

Engineering company

Express company

Factory, mill or plant

Foundry

Freight company

Fur company

Laundry

ADEQUATE

Coal mine, retail coal yard, and wholesale coal yard.

Credit rating service, loan service, retail clothing store (sometimes called a credit company).

Dairy farm, dairy depot, dairy bar, wholesale dairy products, retail dairy products, and dairy products manufacturing

Retail drug store, retail electrical appliances retail general merchandise, retail clothing store, etc.

Electronic tube factory, memory core manufacturing, transistor factory, manufacturer of tape readers, etc.

Engineering consulting firm, general contracting, wholesale heating equipment, and construction machinery factory.

Motor freight, railway express agency, railroad car rental (for Union Tank car Company, etc.), armored car service.

Steel rolling mill, hardware factory, aircraft factory, flour mill, hosiery mill, commercial print plant, cotton textile mill.

Iron foundry, brass foundry, aluminum foundry.

Motor freight, air freight, railway, water transportation, etc.

Fur dressing plant, fur garment factory, retail fur store, wholesale fur store, fur repair shop.

Own home laundry (for a person doing laundry for pay in own home), laundering for private family (for a person working in the home of a private family), commercial laundry (for a person working in a steam laundry, hand laundry, or similar establishment).

INADEQUATE

Lumber company

Manufacturer's agent;
Manufacturer's
Representative

Mine

Nylon or Rayon
Factory

Office

Oil company; Oil
Industry, Oil
Plant

Packing house

Pipeline

Plastic factory

Public utility

ADEQUATE

Sawmill, retail lumber yard, planning mill, logging camp, wholesale lumber, lumber manufacturer.

Specify product being sold, such as jewelry manufacturer's representative, lumber manufacturer's agent, electric appliance manufacturer's representative, chemical manufacturer's agent, etc.

Coal mine, gold mine, bauxite mine, iron mine, copper mine, lead mine, marble quarry, sand, and gravel pit.

Nylon or rayon chemical factory (where chemicals are made into fibers); nylon or rayon textile mills (where fibers are made into yarn or woven into cloth); women's nylon hosiery factory (where yarn is made into hosiery); rayon dress manufacturing (where cloth is made into garments).

Dentist's office, physician's office, public stenographer's office.

Oil drilling, petroleum refinery, retail gasoline station, petroleum pipeline, wholesale oil distributor, retail fuel oil.

Meat packing plant, fruit cannery, fruit packing shed (wholesale packers and shippers).

Natural gas pipeline, gasoline pipeline, petroleum pipeline, pipeline construction.

Plastic materials factory where plastic materials are made, plastic products plant (where articles are actually manufactured from plastic materials)

Electric light and power utility, gas utility, telephone company, and water supply utility. If the company provides more than one service, specify the services; such as gas and electric utility, electric and water utility.

INADEQUATE

Railroad car shop

Repair shop

Research

School

Tailor

Terminal

Textile mill

Transportation
Company

ADEQUATE

Railroad car factory, diesel railroad repair shop, locomotive manufacturing plant.

Shoe repair shop, radio repair shop, blacksmith shop, welding shop, auto repair shop, machine repair shop.

(1) Permanent-press dresses (product of the company for which research is done, when the company or organization does research for its own use), Brandeis University (name of University at which research is done for its own use), St. Elizabeth's Hospital (name of hospital at which medical research is done for its own use).

(2) Commercial research (if research is the main service which the company sells, and the research is done under contract to another company).

(3) National Geographic, Cancer Association, Brookings Institution (name of the nonprofit organization.)

City elementary school, private kindergarten, private college, state university. Distinguish between public and private, including parochial, and identify the highest level of instruction provided, such as junior college, senior high school, etc.,

Dry cleaning shop (provides valet service), customer tailor shop (makes clothes to customer's order), men's retail clothing store.

Bus terminal, railroad terminal, boat terminal, airport terminal.

Cotton cloth mill, woolen cloth mill, cotton yarn mill, nylon thread mill,

Motor trucking, moving and storage, water transportation, air transportation, airline, taxicab service, subway, elevated railway, railroad, petroleum pipeline, car loading service.

INADEQUATE

Water company

Well

ADEQUATE

Water supply irrigation system, water filtration plant.

Oil drilling, oil well, salt well, water well.

OCQ.240-OCQ.250

The answer in question OCQ.240 should describe clearly and specifically the kind of work or nature of duties performed by the person. The answer in question OCQ.250 should tell you the person's most important activities or duties. Often, the response to question OCQ.250, together with the response to question OCQ.240, will give the information needed to make the person's occupation description complete, and thus, adequate.

- a. How to ask: Ask question OCQ.240, record the respondent's answer and then ask question OCQ.250. When the combination of entries in both questions OCQ.240 and OCQ.250 does not give you an adequate description of the person's occupation, ask additional probing questions until the total combined information adequately describes the person's job.
- b. Examples of combined entries: The following is provided to help clarify the use of the combined information by OCQ.240 and OCQ.250.

<u>Inadequate</u>	<u>Adequate</u>	<u>Adequate</u>
OCQ.240 – Mechanic	OCQ.240- Mechanic	OCQ.240 – Mechanic, Autobody repair
OCQ.240- Repairs Cars	OCQ.240- Fixes dents, replaces fenders and other repairs to auto bodies.	OCQ.240- repairs cars

In this example, it is important to distinguish between the person who works on auto bodies from the person who does automobile engine repair work. Either of the above adequate combined responses does that.

- c. Examples of adequate entries for question OCQ.240: The examples on the following pages are of inadequate and adequate occupation entries. If the combined entries for questions OCQ.240 and OCQ.250 provide the kind of information shown in the listing of adequate example, accept them as being adequate.

INADEQUATE

Accounting; Accounting work

Adjuster

Agent

Analyst; Analyzer

Caretaker; Custodian

Claim examiner;
Claim investigator;
Claims adjuster
Adjuster Claims;
Analyst; Claims
Authorizer

Clerical; Clerical work;
Clerk

Data Processing

Doctor

Engineer

ADEQUATE

Certified public accountant, accountant, accounting machine operator, tax auditor, accounts-payable clerk, etc.

Brake adjuster, machine adjuster, merchandise complaint adjuster, insurance adjuster.

Freight agent, insurance agent, sales agent, advertising agent, and purchasing agent.

Cement analyst, food analyst, budget analyst, computer systems analyst, etc.

Janitor, guard, building superintendent, gardener, groundskeeper, sexton, property clerk, locker attendant, etc.,

Unemployment benefits claim taker, insurance adjuster, right-of-way claims agent, merchandise complaint, etc.

Stock clerk, shipping clerk, sales clerk. A person who sells goods in a store is a salesperson or sales clerk – do not report them merely as clerk.

Computer programmer, data typist, keypunch operator, computer operator, coding clerk, card tape converter operator.

Physician, dentist, veterinarian, osteopath, chiropractor.

Civil engineer, locomotive engineer, mechanical engineer, and aeronautical engineer.

INADEQUATE

Entertainer

Equipment operator

Factory Worker

Farmworker

Firefighter

Foreman/ Forewoman

Graphic Arts

Group Leader

ADEQUATE

Singer, dancer, acrobat, musician

Road grade operator, bulldozer operator, trench operator.

Electric motor assembler, forge heater, turret lathe operator, weaver, loom fixer, knitter, stitcher, punch-press operator, spray painter, riveter.

Farmer: For the owner, operator, tenant or sharecropper who is self-employed.

Farm manager: For the person hired to manage a farm for someone else.

Farm foreman/ forewoman: For the person who supervises a group of farm hands or helpers.

Farmhand or farm helper: For those who do general farmwork for wages. Fruit picker and cotton chopper are examples of persons who do a particular kind of farmwork.

When the place of work is a ranch, indicate specifically rancher, ranch manager, ranch foreman, forewoman, ranch hand or help, as shown in the case for similar types of farmworkers.

Locomotive fire stoker, city fire fighter, (city fire department), stationary fire engineer, fire boss.

Specify the craft of activity involved: foreman/forewoman carpenter, and foreman/forewoman truck driver.

Illustrator, commercial artist, poster artist, art layout specialist, etc.

Group leader on assembly line, harvest crew boss, clerical group leader, labor gang leader, recreation group leader, etc.

INADEQUATE

Heavy equipment operator

Helper

IBM Clerk;
IBM machine operator;
IBM operator

Interior decorator

Investigator

Laborer

Layout worker

Maintenance Worker

Mechanic

Nun

Nurse; Nursing

ADEQUATE

Specify the type of equipment, such as:
clam-shovel operator, derrick operator,
monorail crane operator, dragline operator,
Euclid operator

Baker's helper, carpenter's helper, janitor's
helper.

IBM card puncher, IBM tabulator, sorting
machine operator, proof machine operator,
etc.

Be sure that entries in questions OCQ.240/
OCQ.250 differentiates between the interior
decorator who plans and designs interiors
for homes, hotels, etc., and those who paint,
paperhang, etc.

Insurance claim investigator, income tax
investigator, financial examiner, detective,
social welfare investigator, etc.

Sweeper, cleaning person, baggage porter
janitor, stevedore, window washer, car
cleaner, section hand, hand trucker.

Pattern maker, sheet-metal worker,
compositor, commercial artist, structural
steel worker, boilermaker, draftsman,
coppersmith.

Groundskeeper, janitor, carpenter,
electrician.

Auto engine mechanic, dental mechanic,
radio mechanic, airplane structure mechanic,
or office machine mechanic.

Specify the type of work done, if possible,
such as grammar school teacher,
housekeeper, art teacher, organist, cook,
laundress, or registered nurse.

Registered nurse, nursemaid, practical nurse,
nurse's aide, student nurse, professional
nurse.

INADEQUATE

Office clerk;
Office work;
Officer worker

Program analyst

Program specialist

Programmer

Research:
Research and Development;
Research and testing;
Research assistant;
Research specialist;
Research work

Salesperson

Scientist

Specialist

Shipping Department

ADEQUATE

Typist, secretary, receptionist, comptometer operator, file clerk, bookkeeper, physician's attendant.

Computer-systems analyst, procedure analyst, vocational director, manufacturing liaison planner, etc.

Program scheduler, data processing systems supervisor, metal-flow coordinator, etc.

Computer programmer, electronics data programmer, radio or TV program director, senior computer programmer, production planner, etc.

Specify field or research, as research chemist, research mathematicians, research biologist etc. Also, if associate or assistant, research associate chemist, assistant research physicist, research associate geologist.

Advertising sales, insurance sales, bond sales, canvasser, driver-sales (route-person), fruit peddler, or newspaper sales.

Specify field, for example, political scientist, physicist, sociologist, home economist, oceanographer, soil scientist, etc.

If the word specialist is reported as part of a job title, be sure to include a brief description of the actual duties in question OCQ.250. For example, for a "transportation specialist" the actual duties might be any one of the following: "gives cost estimates of trips", "plans trips or tours", "conducts tours", "schedules trains", or "does economic analyses of transportation industry".

What does the worker do? Shipping and receiving clerk, crater, order picker, typist, wraps parcels, etc.

INADEQUATE

Supervisor

Teacher

Level

Preschool

Kindergarten

Elementary

Elementary

Junior High

High School

College

Technician

Tester

Trucker

Works in stock room,
bakery, office, etc.

ADEQUATE

Typing supervisor, chief bookkeeper, steward, kitchen supervisor, buyer, cutting and sewing foreman/ forewoman, sales instructor, and route foreman/forewoman.

Teachers should report the level of school they teach and the subject. Those below high school who teach many subjects may just report level. College teachers should report title. The following are some illustrations:

Subject

Music

English

Physical Education

Mathematics professor

Medical laboratory technician,
dental laboratory technician, x-ray
technician.

Cement tester, instrument tester, engine
tester, or battery tester.

Truck driver, trucking contractor, electric
trucker, hand trucker.

Names of departments or places of work are unsatisfactory. The entry must specify what the worker does; for example, "shipping clerk" or "truck loader", not "works in shipping department", or "cost accountant" or "filing clerk", not "works in cost control".

- d. When a person is self-employed, ask the occupation question as worded: “What kind of work was _____ doing?” Do not enter “manager” as the occupation unless the person actually spends most of the time in the management of the business. If the person spends most of the time in his/her trade or craft, record that as the occupation, that is, shoe repair, beautician, or carpenter, as the case may be.
- e. Professional, technical, and skilled occupations usually require lengthy periods of training or education which a young person normally cannot achieve. By probing, you may find that the young person is really only a trainee, apprentice, or helper (for example, accountant trainee, electrician trainee, apprentice electrician, electrician’s helper).
- f. You may encounter occupations that sound strange to you. Accept such entries if the respondent is sure the title is correct. For example, “sand hog” is the title for a certain worker engaged in the construction of underwater tunnels, and “printer’s devil” is sometimes used for an apprentice printer. When these or any other unusual occupation title is entered, add a few words of description if the combined entries are not sufficiently clear.
- g. Some special situations are:
 - (1) Apprentice versus Trainee – An apprentice is under written contract during the training period but a trainee may not be. Include both the occupation and the word “apprentice” or “trainee”, as the case may be, in the description, for example, “apprentice plumber” or “buyer trainee”.
 - (2) Baby-sitter versus boarding children – A baby sitter usually cares for children in the home of the employer. However, when the children are cared for in the worker’s own home, the occupation is “boarding children”.
 - (3) Contractor versus skilled worker – A contractor is engaged principally in obtaining building or other contracts and supervising the work. Classify a skilled worker, who works with his/her own tools, as a carpenter, plasterer, plumber, electrician, and the like, even though s/he hires others to work for him/her.
 - (4) Paid housekeeper versus housemaid – A paid housekeeper employed in a private home for wages has the full responsibility for the management of the household. A housemaid (general housework), hired helper, or kitchen help does not.
 - (5) Interior decorator versus painter or paperhanger – An interior decorator designs the decoration plans for an interior of homes, hotels, offices, etc., and supervises the placement of the furniture and other decorations. A house painter or paperhanger only does painting or hangs paper.
 - (6) Machinist versus mechanic versus machine operator – A machinist is a skilled craftsman who constructs metal parts, tools, and machines through the use of blueprints, machines and hand tools, and precise measuring instruments. A mechanic inspects, services, repairs, or overhauls machinery. A machine operator operates a factory machine (drill press operator, winder, etc.)

- (7) Secretary versus official secretary – Use the title “ secretary” for secretarial work in an office; report a secretary who is an elected or appointed officer of a business, lodge, or other organization as an “official secretary”.
- (8) Names of departments or places of work – Occupation entries which give only the name of the department of a place of work are unsatisfactory. Examples of such unsatisfactory entries are “works in warehouse”, “works in shipping department”, “works in cost control”. The occupation entry must tell what the worker does, not what the department does.

OCQ.250

The responses to the activity question (OCQ.250) are very important for coding purposes. Although the question may seem redundant in some cases, the response often permits more accurate coding of the occupation. We cannot provide you with a complete list showing when an activity response together with the job title is adequate or when additional probing is necessary. However, we would like to stress the importance of the activity question in providing more detail even though it may not appear to. Here are some examples showing the value of question OCQ.250:

OCQ.240-	Telephone Co. serviceman	OCQ.240-	Telephone Co. serviceman
OCQ.250-	Installs phones in homes	OCQ.250-	Repairs telephone transmission lines

Each of these examples is an adequate combination of responses. The additional information obtained from question OCQ.250 identifies different occupations even though in each sample the responses to question OCQ.240 are the same. These two telephone company servicemen will be assigned different occupation codes.

OCQ.240-	Bookkeeper	OCQ.240-	Bookkeeper
OCQ.250-	Keeping and Balancing ledgers	OCQ.250-	Operates a bookkeeping machine.

Again, adequate responses are obtained in each sample. In the basis of the detail provided by question OCQ.250, these occupations will be coded in different categories.

These two examples illustrate the importance of the activity question (OCQ.250) in obtaining adequate responses even though the question may seem repetitive.

OCQ.260 Class of Workers

Record the class of worker by entering one of the codes in question OCQ.260. If the information provided by the respondent is not adequate, ask additional questions as necessary; for example, “Were you a local government employee?”

When in doubt, use the “Who pays” criterion, that is, record the class of worker category according to who pays the person’s wages or salary. For persons paid by check, the employer’s name will usually be printed on the check. Although you are NOT to ask to see a check or salary statement, you may ask “Do you know the name of the employer that is shown on –’s salary check?”

- a. If a person has more than one job or business, be sure you enter the code in OCQ.260 which applies to the one job or business entered in questions OCQ.220 through OCQ.250.
- b. Cautions regarding class-of-worker entries:
 - (1) Corporation employees – Report employees of a corporation as employees of a private employer (except for a few cases of employees of government corporations, such as the Commodity Credit Corporation, who must be properly reported as Federal government employees). Do not report corporation employees as owning their business even though they may own part or all of the stock of the incorporated business. If a respondent says that a person is self-employed, enter Code 5 (self-employed in own business, professional practice, or farm).
 - (2) Domestic work in other persons' homes – Report housecleaner, launderer cook, or cleaning person working in another person's home as working for a private employer.
 - (3) Partnerships- Report two or more persons who operate a business in partnership as self-employed in own business. The word "own" is not limited to one person.
 - (4) Public utility employees – Although public utilities (such as transportation, communication, electric light and power, gas, water, garbage collection, and sewage disposal facilities) are subject to government regulations, they may be owned by either government or private organizations. Distinguish between government-operated and privately owned organizations in recording class of worker for public utility employees.
 - (5) Work for pay "in kind" – Pay "in kind" includes room, board, supplies, and food, such as eggs or poultry on a farm. This is considered pay except for a member of the family. Report persons who work for pay "in kind" as employees of a private company or individual.
 - (6) Work on an odd-job or casual basis – Report work on an odd-job or casual basis as work by an employee for a private company, business, or individual. For example, do not report the babysitter employed in other peoples' household as self-employed.
 - (7) Clergymen and nuns – Enter Code 1 (private) for preachers, ministers, priests, rabbis, and other clergymen except in the following two cases:

 Record clergy working in a civilian government job, such as a prison chaplain, as a government employee – Code 2, 3, or 4 (Federal, State, or Local, respectively) in question OCQ.260. Record clergy not attached to a particular congregation or church organization, who conducts religious services in various places on a fee basis, as Code 5 (self-employed in their own professional practice) in question OCQ.260.

 Enter Code 1 (private) for nuns who receive pay in kind.
 - (8) Registered and practical nurse – Private duty – For nurses who report "private duty" for kind of business, enter Code 5 (self-employed).

- (9) PX (Post Exchange) employees versus officer's club, N.C.O. club employees, etc. – Record persons working in an officer's club, N.C.O. club or similar organization which is usually located on a government reservation as Code 1 (private). Such nonprofit organizations are controlled by private individuals elected by some form of membership.

Record persons working at a Post Exchange as Code 1 (private). This nonprofit organization is controlled by government officials acting in their official capacity.

- (10) Foster parents and child care in own home – Foster parents and other person who consider themselves as working for profit and who provide childcare facilities in their own place and are furnishing the shelter and meals for certain time periods are to be considered as operating their own business; Enter Code 5 (self-employed).
- (11) Boarding housekeepers – Record boarding housekeepers who consider themselves as working and who perform this work in their own homes as “own home” for industry with Code 5 as class of workers. Record those who do this work for someone else for wages or salary or pay in kind as “boarding house” for industry with Code 1 (private) for class of worker.
- (12) Sales or merchandise employees –Report persons who own a sales franchise and are responsible for their own merchandise and personnel as “Retail or Wholesale Sales” for industry; Code 5 (self-employed) for class of worker. Report persons who do sales work for someone else (such as an Avon or Tupperware representative) as Code 1 (private). Also for such people, indicate whether they sell door-to-door or use the party plan method.
- (13) Post Office and TVA employees – Report persons who work for the Postal Service and Tennessee Valley Authority as Federal employees and enter a code 2 (federal government employee).
- (14) Comsat, Amtrak, and Conrail – Comsat, Amtrak, and Conrail are private companies and you should report the employees of these companies as Code 1 (private).

If necessary, refer to definition of terms in the introduction to question in this series (OCQ.220 through OCQ.250).

OCQ.380

Retired -- Respondent defined.

Unable to Work for Health Reasons – Respondent defined.

OCQ.450

Protective Hearing Devices – A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

DEMOGRAPHICS INFORMATION (DMQ - SP)

This section collects standard demographic information about the SP such as level of education, military status, country of birth, length of residence in this country, citizenship status, ethnicity and race. It also collects information that is used primarily to track SPs for future studies, such as social security number.

Because of immigration laws, some respondents who have emigrated to the United States in recent years may be sensitive to questions about their length of residence and country of birth asked in this section, especially since you may be viewed as a “government representative.” If respondents are reluctant to answer such questions, encourage (but don’t push) them to do so by assuring them that the information they give you is compiled and reported together with **all other respondents** so that **no individuals** are identified.

This section is asked of SPs from birth on. The questions that are asked are dependent on the SP’s age.

DMQ.141 What is the **highest** grade or level of school you have **completed** or the **highest degree** you have **received**?

HAND CARD DMQ1
READ HAND CARD CATEGORIES IF NECESSARY.
ENTER HIGHEST LEVEL OF SCHOOL.

{DISPLAY EDUCATION LEVELS FROM “NEVER ATTENDED THROUGH DOCTORAL DEGREE”}

This question is designed to find out about **formal** education. Use the hand card and pay attention to the respondent’s answer. Probe the response if it seems that the respondent’s answer is reporting the highest level of school **attended**, not necessarily **completed**. For example, if the response is “I went to college”, probe to determine whether or not the person received a degree or not and code the appropriate category.

DMQ.200 Where have you traveled?

HAND CARD DMQ3
CODE ALL THAT APPLY

1.	EUROPE OR AUSTRALIA/NEW ZEALAND
2.	ASIA OR AFRICA OR SOUTH PACIFIC
3.	SOUTH/CENTRAL AMERICA (INCLUDING MEXICO)
4.	CARIBBEAN
5.	MIDDLE EAST
6.	OTHER

Stopping at the airport in a country is **not** considered traveling to that country.

DIETARY SUPPLEMENTS, ANTACIDS, PAIN RELIEVERS AND PRESCRIPTION MEDICATIONS (DSQ)

The DSQ section covers the use of dietary supplements (vitamins, minerals, and other dietary supplements), nonprescription antacids, certain pain relief medications, and prescription medications. This section is administered to SPs from birth on.

DSQ.012	<p>The next questions are about your use of dietary supplements, pain relievers, nonprescription antacids, and medications during the past 30 days.</p> <p>Have you used or taken any vitamins, minerals or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.</p> <p>This card lists some examples of different types of dietary supplements.</p> <p>HAND CARD DSQ1</p> <ol style="list-style-type: none">1. YES2. NO
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RXQ.021	<p>Have you used or taken any nonprescription antacids in the past 30 days?</p> <ol style="list-style-type: none">1. YES2. NO
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RXQ.025	<p>In the past 30 days, have you used or taken any of the prescription or nonprescription pain relievers listed on this card? Some of these products may be used for reasons other than pain.</p> <p>HAND CARD DSQ2</p> <ol style="list-style-type: none">1. YES2. NO
----------------	--

RXQ.032	<p>In the past 30 days, have you used or taken medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Do not include prescription vitamins, minerals or pain relievers you may have already told me about.</p> <ol style="list-style-type: none">1. YES2. NO
----------------	--

You will first ask if the respondent has taken or used any of these products in the **past 30 days**. Specific definitions of each general product category are contained later in this section. You should become thoroughly familiar with these product definitions in order to know what to include or ignore.

DSQ.042	<p>May I please see the containers for all the vitamins, minerals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the past 30 days?</p> <p>{I also need to see the pain medications that you took in the past 30 days from the list. Please include cold and sinus products.}</p> <p>PRESS ENTER TO CONTINUE</p>
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If “yes” is recorded to any of the initial usage questions, you will ask to see all product containers. You will then record information from the product container label into CAPI. It is **very important** that you **see the containers** for all products. If the respondent is reluctant to gather the containers, explain as tactfully as possible that in order for this survey to effectively monitor the nation’s health, we must record specific information. In order to get accurate and complete information, we must record information from the product label. Before you begin to record product information, arrange the containers into the general categories (dietary supplements, antacids, pain relievers and prescription medications). Make sure that if the respondent said he or she took products from all four types, you have at least one container for each type.

I. Dietary Supplements

If the SP has taken at least one dietary supplement in the past 30 days, you will start by recording specific information about each supplement from the container label.

A. Dietary Supplements: General Guidelines

- If you are in doubt about whether to record a product as a dietary supplement, check the product label carefully. Most non-prescription dietary supplement products are labeled as “dietary supplement” or “supplement” products. If this is not stated on the front of the label, check the back of the label. There should be a “Supplement Facts” box, although some are labeled “Nutrition Facts.” Most products have the word “supplement” on them somewhere. If you are still in doubt, record it.
- Collect information on dietary supplements that are **taken orally or given by injection**. **Omit** creams and ointments applied to the skin.
- **Prescription dietary supplement products** are **included** as dietary supplements. Prescription products may be vitamins and mineral drops for infants, prenatal dietary supplements, products to treat osteoporosis, and fluoride or iron (ferrous) products. Prescription supplement labels may not explicitly state “dietary supplement”.
- Remember that dietary supplements are marketed in many forms—pills, capsules, drops, powders, softgels, gelcaps, tablets, wafers, and liquids in forms such as oils, suspensions, extracts, tinctures, sprays, and elixirs.

B. What Should be Included and Excluded as a Dietary Supplement

The following types of products are **included**:

- **Amino acids:** Single or combination amino acid supplement products. Examples: Lysine, Valine, and Methionine.
- **Botanicals:** Examples: Echinacea and ginkgo.
- **Enzymes:** Example: Coenzyme Q 10 .
- **Fatty acid supplements**
- **Fiber supplements:** Products that are eaten alone or mixed with foods or beverages and say “dietary supplement.” Include Metamucil, bulk laxatives, oat bran, and pectin. Do not include foods such as fiber food bars.
- **Fish oils:** Example: Cod liver oil.
- **Glandulars:** Animal organ extracts such as dried/desiccated liver or pancreas.
- **Herbs:** Examples: Parsley and mint.
- **Minerals:** Examples: Calcium 600 mg or Zinc 15 mg.
- **Miscellaneous:** Examples: Bee pollen, choline, spirulina.
- **Multi-vitamin and/or mineral combinations:** Two or more vitamins and/or minerals.
- **Multi-vitamin and/or mineral combinations, plus other substances:** Two or more vitamins, minerals, or other compounds that may include herbs, botanicals, and other substances such as ginseng and ginkgo baloba.
- **Protein supplements:** Include gelatin and collagen formulas.
- **Vitamins:** Examples: Vitamin E 200 IU and Vitamin C 500 mg.
- **Throat drops that contain vitamins (e.g., vitamin C), minerals (e.g., zinc) or herbs.**

The following types of products are **excluded**:

- **Foods: Products that are consumed as meals, meal replacements, part of meals, snacks, or beverages**

Below are some examples of products that are considered foods rather than dietary supplements.

- **Liquid food supplement products:** Formula type food products that are eaten in place of regular food. Examples: Ensure, Sustacal, and Instant Breakfast.

- **Other food supplements:** Fortified meal or snack bars, granola bars, and puddings that are eaten as snacks or meal supplements are not dietary supplements.
- **Weight reduction diet formulas and beverages that are consumed as foods or drinks*:** Foods that are formulated for the purpose of promoting weight reduction when used alone or in combination with other foods. Examples: Slim Fast and Herbalife.
- **Athletic training and muscle-building formulations that are consumed as foods or drinks*:** Food products that are marketed as food supplements to enhance athletic performance and muscle strength. These products are typically sold ready-to-drink or as powders that are mixed with a beverage or water. These products are considered to be foods, not dietary supplements.
- **Sports drinks:** such as Gatorade and Powerade, which contain many nutrients but are drinks, not supplements.
- **Teas:** Teas, including herbal teas, are foods and should be reported in the 24-hour recall in the MEC.

*Note: Weight reduction diets and athletic training programs sold as a “total package” or “kit” may include **dietary supplements** which should be recorded as supplements.

- **Creams containing vitamins, minerals, or other substances:** for example, Vitamin E or Vitamin A creams.
- **Fluid replacers and rehydration formulas for adults and infants** such as Pedialyte, and Lytren.
- **All antacids:** These will be included in the set of antacid questions.

C. Recording Information About Dietary Supplement Products: Question Specifications

DSQ.012	<p>The next questions are about your use of dietary supplements, pain relievers, nonprescription antacids, and medications during the past 30 days.</p> <p>Have you used or taken any vitamins, minerals or other dietary supplements in the past 30 days? Include prescription and non-prescription supplements.</p> <p>This card lists some examples of different types of dietary supplements.</p> <p>HAND CARD DSQ1</p> <ol style="list-style-type: none"> 1. YES 2. NO
----------------	--

Always use Hand Card DSQ1 when asking this question. The card lists specific examples of the kinds of products that should be counted as dietary supplements.

DSQ.042 May I please see the containers for **all** the vitamins, minerals, and other dietary supplements, nonprescription antacids and prescription medicines that you used or took in the **past 30 days**?

{I also need to see the pain medications that you took in the past 30 days from the list. Please include cold and sinus products.}

PRESS ENTER TO CONTINUE

Because the dietary supplement market is extremely large and new products are being introduced almost daily, it is impossible to include all dietary supplements in the database. In order to get a complete picture of the supplements taken, you will ask the respondent to see the containers of all products used in the past 30 days and record specific information from the supplement container.

If the SP cannot provide the containers, you will have to ask him or her for the names of all dietary supplements/vitamins/minerals, antacids, pain relievers and prescription medications taken in the past 30 days.

DSQ.046 I will start with dietary supplements. Please show me the dietary supplements you have taken in the **past 30 days**.

[First I will record some information about the supplement, then I will ask you some questions about it.]

CHECK PRODUCT LABEL OR ASK PRODUCT NAME.
IS THIS PRODUCT ON THE LIST BELOW?

SINGLE ELEMENT PRODUCTS

- | | |
|---|------------------------------------|
| 10. VITAMIN A | 18. CALCIUM |
| 11. VITAMIN B1 (THIAMIN) | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 12. VITAMIN B6 | 20. FOLATE (FOLIC ACID) |
| 13. VITAMIN B12 | 21. IRON (FERROUS XXXATE) |
| 14. VITAMIN C (WITH OR WITHOUT ROSE HIPS) | 27. MAGNESIUM |
| 15. VITAMIN D | 28. POTASSIUM |
| 16. VITAMIN E | 29. SELENIUM |
| | 30. ZINC (ZINC GLUCONATE) |

MULTI ELEMENT PRODUCTS

- 24. VITAMINS A & D
- 25. CALCIUM & VITAMIN D
- 26. CALCIUM & MAGNESIUM

- 1. YES
- 2. NO

First you will determine if the supplement is on this special list of 17 products (single vitamins, single minerals, and a few products that have two ingredients). The list is organized into two sections, the single element products and multi element products. If you are unsure whether the product is on the list, look at the back of the label in the Supplement Facts Box. If it is on the list, you must enter 1 for yes on this screen, NOT the number of the supplement – that is on the next screen.

Special cases: Record “yes” whether Vitamin C is listed with or without rose hips. Also record “yes” if iron is listed as ferrous plus any word ending in “ate”, as in Ferrous sulfate, gluconate, fumarate, etc.

DSQ.048 WHICH PRODUCT IS IT?
ENTER 1 PRODUCT CODE

SINGLE ELEMENT PRODUCTS

- | | |
|--|------------------------------------|
| 10. VITAMIN A | 18. CALCIUM |
| 11. VITAMIN B1 (THIAMIN) | 19. CHROMIUM (CHROMIUM PICOLINATE) |
| 12. VITAMIN B6 | 20. FOLATE (FOLIC ACID) |
| 13. VITAMIN B12 | 21. IRON (FERROUS XXXFATE) |
| 14. VITAMIN C (WITH OR
WITHOUT ROSE HIPS) | 27. MAGNESIUM |
| 15. VITAMIN D | 28. POTASSIUM |
| 16. VITAMIN E | 29. SELENIUM |
| | 23. ZINC (ZINC GLUCONATE) |

MULTI ELEMENT PRODUCTS

- 24. VITAMINS A & D
- 25. CALCIUM & VITAMIN D
- 26. CALCIUM & MAGNESIUM

If any of the supplements you see are on the special products list, type in the number of the product. You will then see the following screen.

DSQ.071 INTERVIEWER: ENTER 1 RESPONSE

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER.

- 1. CONTAINER SEEN
- 2. CONTAINER NOT SEEN

Note if the container for the product was seen. If the container was seen, you will be asked to record the strength of the product.

DSQ.066A SELECT STRENGTH FOR VITAMIN B12

IF STRENGTH NOT ON
FRONT OR UNCLEAR, TURN
CONTAINER AROUND AND
GET STRENGTH FROM
FACTS BOX.

PRESS BS TO START THE
LOOKUP.

PRESS ENTER TO SELECT.

The product you select will appear at the top of the screen (example: Vitamin B12). Follow the instructions on the screen and select strength from the list of strengths on the lookup list. If the strength is not on the front of the label or unclear, turn the container around and obtain the strength from the Facts Box.

If a multi element product was selected and there are two ingredients, you will be asked for the strength of **each ingredient**. CAPI will display each ingredient in turn. Make sure you are recording the strength for the ingredient listed at the top of the CAPI screen.

Typing of the strength should be exact. If 1000mg is noted on the container, be careful not to type or select 10000mg from the look up list.

It is very important to get the correct strength(s) of these vitamins.

Note that you are not asked for the manufacturer. This is not required for these products.

DSQ.052 REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF DIETARY SUPPLEMENTS USED. ENTER **FULL NAME OF SUPPLEMENT, INCLUDING BRAND.**

ENTER SUPPLEMENT NAME

If the product is not on the list, you will be asked to enter the full brand name of the supplement.

Recording Brand Names: Rules

- Begin recording the brand name with words at or near the top, and then continue to type in the rest of the name starting at the top of the label and moving down. Put in important qualifying words that will distinguish this product from others like it. If the strength of the product is on the front of the label, it is very important to include this in the name.
- The lookup function for vitamins/minerals/dietary supplements antacids and prescribed medications requires **complete entry of product name prior to initialization of the lookup**.

- Start the lookup to see if the product is on the lookup list. If the product name on the lookup list is the same as you see on the container, select that product, even if you didn't type in the words in that exact order. However if there are different qualifiers, do not select it. E.g., if your product says "now with lutein" and the lookup list just says "with lutein" select it, but if the look up list says "with beta-carotene" rather than lutein, don't select it. If you can not find a match on the lookup list, be sure that what you have typed in prior to starting the search is **complete**. Complete information is needed to try to find this product and obtain the label. If there is a strength on the front of the label, record it. If there is no match, then select "supplement not found on the list."
- Note that you may select a single vitamin or mineral from the lookup if you have missed recording it from the special products list. In this instance, you do not have to select the **brand name** of the vitamin (Example: Giant Vitamin C). You may instead simply select the name of the vitamin (Example: Vitamin C). However, a single element vitamin must have a strength associated with it. Therefore, you must select the generic name **with a strength on it**. (Example: Vitamin C 500 mg). If the strength of your product does not match the strength of a product on the picklist, do not pick it, but enter it in the usual way with the strength in the name.
- It is extremely important to enter the complete name of the product when collecting this information. That way, if the name of the manufacturer is unavailable, recording the exact product name will make it easier for data processing to locate the manufacturer and to determine the exact components and their strengths.
- It is not necessary to enter health claims or the word "supplement".
- **Do enter** specific terms about the product:
 - Extract;
 - Chewable;
 - Complete, Vitamin and Mineral Formula;
 - Multi-vitamin and multi-mineral;
 - Time-release;
 - Mega, super, high potency; and
 - Strength

DSQ.076

WHAT IS THE FORM OF THIS PRODUCT?

- | | | |
|--------------|--------------------|--------------------------|
| 1. CAPSULES | 8. PACKAGE/PACKETS | 15. LOZENGES |
| 2. TABLETS | 9. LIQUID | 16. GEL |
| 3. PILLS | 10. POWDER | 17. OTHER FORM (SPECIFY) |
| 4. CAPLETS | 11. WAFERS | |
| 5. SOFT GELS | 12. CHEWS | |
| 6. GEL CAPS | 13. DOTS | |
| 7. VEGICAPS | 14. GRANULES | |

Knowing the form of the product will enable us to retrieve the right label from the manufacturer. On this list of **forms** tablets, gelcaps, softgels, caplets, etc, are **separate response categories**. Later, you will be asked about dosage. For example, the **product form** may be liquid but the **dosage form** may be a spray, teaspoon, milliliter, ounce, or even a shot. There is an option of OTHER FORM which requires a specific entry. Review items carefully before you interview.

DSQ.081K ENTER **MANUFACTURER/DISTRIBUTOR/STORE** BRAND NAME.

ENTER AS MUCH INFORMATION AS POSSIBLE.

For all dietary supplements not found on the "special list of products", you will attempt to collect information about the manufacturer. This information will be used in post-processing and data editing. This information can usually be found on the product label. Sometimes the manufacturer may be the distributor or even the store brand name. Record as much information as possible. A lookup of manufacturer names is used for dietary supplements.

Only select the name on this list if **it is identical or nearly identical to yours**. E.g., If the list says Lederle Laboratories and the label says Lederle Laboratories, Inc., select it. If the label says Lederle-Anderson Laboratories, don't select it.

If you do not find the manufacturer or distributor on the lookup list, select "manufacturer not on list", and you will be prompted to enter the city and state address. A street address is generally not available, but if it is on the label, please include it. Record the street address in the "City" field. If the product was made in another country, enter the city and country in the "City" field, and a 'DK' in the "State" field.

DSQ.096 For how long have you been taking {PRODUCT NAME} or a similar type of product?

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

DSQ.103 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., $4 \times 4 = 16$). Always confirm the response by repeating it back to the person, "So, about 16 times a month." Note that there is no longer an option of "frequency varied." Obtain the respondent's **best guess**.

DSQ.122Q/U On the days that you took {PRODUCT NAME}, how much did you usually take on a single day?

ENTER NUMBER: _____

ENTER UNIT:

- | | | |
|--|--------------------|--------------------------|
| 1. TABLETS/CAPSULES/PILLS/CAPLETS/
SOFTGELS/GEL CAPS/VEGICAPS | 21. TABLESPOONS | 40. OTHER FORM (SPECIFY) |
| 2. DROPPERS | 22. TEASPOONS | |
| 3. DROPS | 23. WAFERS | |
| 16. OUNCES | 24. CANS | |
| 17. INJECTIONS/SHOTS | 25. GRAMS | |
| 18. LOZENGES | 26. DOTS | |
| 19. MILLILITERS | 27. CUPS | |
| 20. PACKAGES/PACKETS | 28. SPRAYS/SQUIRTS | |
| | 29. CHEWS | |

Ask and record how much of the product the person usually took on the days they took it. This means how much they took on a single day. There is no option of amount varied: if they say this, probe by saying, "Give me your best guess about how much you **usually** took." Enter the number and the unit. Most hard or soft pill type forms are combined and are listed under option #1, since they are most common. The other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers). Since this list has changed in 2002, please review it carefully before interviewing.

Note: The list options for **dosage** is different from that of the **product form**. For example, the product form may be liquid but the dosage may be a spray, teaspoon, milliliter, ounce, or even a shot. Select "Other Form" only when you are sure the dosage is not listed as a category option.

DSQ.125 Did {you/SP} take an **entire** packet of {PRODUCT NAME} each time?

1. YES
2. NO

If the person took a packet or package, you will be prompted to ask if they took the entire package, since some people do not take all of the pills in a package.

II. Antacids

You will ask a series of questions about antacids if the respondent has taken nonprescription antacids in the past 30 days.

RXQ.021 Have you used or taken any non-prescription **antacids** in the **past 30 days**?

1. YES
2. NO

This question refers to antacids in tablet, chewable or liquid form. Record **only non-prescription** antacids in this section. If ‘Yes’ is recorded to this initial question, CAPI will cycle through a series of questions about each antacid taken.

A. Recording Information About Antacids: Question Specifications

RXQ.141 Now I would like to ask you some questions about your use of **non-prescription antacids** in the **past 30 days**.

[First I will record some information about an antacid, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF NONPRESCRIPTION ANTACIDS USED. ENTER **FULL** BRAND NAME OF ANTACID.

ENTER ANTACID NAME

It is important that you make **every effort to see the antacid product** in order to record the most complete and accurate information about the product. If the container is seen, enter the product name exactly as it appears on the label. If the container is not seen, enter what the respondent reports verbatim.

RXQ.150s PRESS BS TO START THE LOOKUP.

SELECT ANTACID
FROM LIST.

IF ANTACID **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE '***'.

PRESS ENTER TO SELECT.

Select only an exact match from the look up file when the container has been seen or when verbally reported by the respondent.

It is not necessary to give consideration to the RX/OTC designation when selecting from the look up file. Remember that you are asking participants to report only nonprescription (OTC) antacids in this section. So, if no container is seen and Pepcid is reported you may select Pepcid with the RX designation because there is no Pepcid with an OTC designation on the database and it is an exact match. Selecting an exact drug name match is what is important. But be sure to confirm that the reported product is a **nonprescription antacid**.

Assuming the container is not seen, it is also not necessary to read products off the look up file if there are multiple products with a similar name (e.g., Tums, Tums EX, Tums Ultra, etc.). In this instance, you should explain to the respondent that there are multiple Tums products available and ask them if they remember the specific product they were using. If the SP reports Tums but does not remember any further details, select Tums from the list.

If you see the container and the product is a prescription antacid, do not record it here, record it in the prescription medication section.

RXQ.180Q/U For how long have you been using or taking {PRODUCT NAME}?

|_|_|_|_|

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

RXQ.191 In the past {30 DAYS/NUMBER AND UNIT}, on how many days did you take {PRODUCT NAME}?

|_|_|

ENTER NUMBER OF DAYS FROM 1-30

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If the respondent answers by saying "everyday", record 30 days. If the respondent answers by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., $4 \times 4 = 16$). Always confirm the response by repeating back to the person, "So, about 16 times a month." There is no longer any option of "frequency varied." Always obtain the respondent's best guess.

RXQ.214Q/U On those days that you used or took {PRODUCT NAME}, how much did {you/SP} usually take on a single day?

ENTER NUMBER: _____

ENTER UNIT:

- | | | |
|------------------------------------|----------------------|--------------------------|
| 41. TABLETS/CAPSULES/PILLS/CAPLETS | 50. PACKAGES/PACKETS | 59. CHEWS |
| 42. SOFTGELS/GEL CAPS/VEGICAPS | 51. TABLESPOONS | 60. OTHER FORM (SPECIFY) |
| 43. PIECES OF GUM | 52. TEASPOONS | |
| 44. DROPPERS | 53. WAFERS | |
| 45. DROPS | 54. CANS | |
| 46. OUNCES | 55. GRAMS | |
| 47. INJECTIONS/SHOTS | 56. DOTS | |
| 48. LOZENGES | 57. CUPS | |
| 49. MILLILITERS | 58. SPRAYS/SQUIRTS | |

Ask and record how much of the product the person usually took on the days they took it. There is no option of amount varied: if the respondent says this, probe by saying, "Give me your best guess of how much you **usually** took." Enter the number and the unit. Most hard or soft pill type forms are combined: these are listed under option #1, since they are most common. The other options provided are mainly actual measures (e.g., drops, teaspoons, cups, sprays, and milliliters) or some less usual forms (e.g., shots, lozenges, and wafers). Since this list has changed in 2002, please review it carefully before interviewing.

Select "Other Form" only when you are sure the dosage is not listed as a category option.

III. Pain Relievers

RXQ.301 The next questions are about certain prescription and over the counter pain relievers that you may be using now or may have used in the past. Some of these products may be used for reasons other than pain.

Have you **ever** taken **any** of these prescription or over-the-counter pain relievers **nearly every day for a month or longer**?

HAND CARD DSQ2

1. YES
2. NO

You will ask two sets of questions about a selected set of pain relievers listed on hand card DSQ2. Therefore, it is important that respondents refer to hand card DSQ2 when answering this question.

The first set of pain reliever questions is for products the SP **has ever taken nearly every day for a month or more**. Emphasize the words "**ever taken**" and the period of time, "**nearly every day for a month or longer**", when asking this question.

A. Recording Information About Pain Relievers: Question Specifications

HAND CARD DSQ2		
Aspirin – and other aspirin products such as:		
Anacin	Bayer	Midol
Ascripton	Bufferin	Pabrin
Alka Seltzer	Ecotrin	
Tylenol – and other acetaminophen products such as:		
Anacin-3	Contac	Other <u>cold & sinus products containing acetaminophen</u>
Benadryl	Dristan	
Comtrex	Sudafed	
Ibuprofen – and other ibuprofen products such as:		
Advil	Nuprin	
Motrin	<u>Cold & sinus products containing ibuprofen</u>	
Aleve, Naprosyn (naproxen)		
Relafen (nabumetone)		
Celebrex (celecoxib)		
Tolactin (tolmetin sodium)		
Clinoril (sulindac)		
Vanquish		
Excedrin		
Voltarin, Arthrotec (diclofenac)		
Feldene (piroxicam)		
Vioxx (rofecoxib)		
Indocin (indomethacin)		

Hand card DSQ2 contains prescription and nonprescription products. Note that some of these products may be taken for reasons other than pain. Cold and sinus products are also included. Products are listed alphabetically starting with Aleve. Aspirin, Tylenol and Ibuprofen are listed first because they are the most commonly used pain relievers. The generic or ingredient name of a product is provided in parentheses.

RXQ.311 Which products have you taken?

CODE ALL THAT APPLY
HAND CARD DSQ2

CAPI INSTRUCTION:
DISPLAY PRODUCT LIST OF PAIN RELIEVING PRODUCTS.

- | | |
|--------------------------------|--------------------------------------|
| 10. ASPIRIN | 19. FELDENE (PIROXICAM) |
| 11. TYLENOL (ACETAMINOPHEN) | 20. INDOCIN (INDOMETHACIN) |
| 12. IBUPROFEN | 21. RELAFEN (NABUMETONE) |
| 15. ALEVE, NAPROSYN (NAPROXEN) | 22. TOLECTIN (TOLMETIN SODIUM) |
| 16. CELEBREX (CELECOXIB) | 23. VANQUISH |
| 17. CLINORIL (SULINDAC) | 24. VOLTARIN, ARTHROTEC (DICLOFENAC) |
| 18. EXCEDRIN | 25. VIOXX (ROFECOXIB) |

Note that hand card DSQ2 contains specific examples of products containing Aspirin, Tylenol and Ibuprofen. However, the actual CAPI screen does not contain these product examples. Thus, after listening to the respondent's answer, you may have to look at the hand card to determine which general category product code (Aspirin, Tylenol or Ibuprofen) to enter. As listed on the hand card, aspirin and aspirin containing products should be coded as Aspirin in CAPI. Tylenol and acetaminophen containing products should be coded as Tylenol in CAPI; Ibuprofen and ibuprofen containing products should be coded as Ibuprofen in CAPI.

Also note that this screen allows multiple entries. You should code all products from the list that the respondent mentions.

RXQ.321 Please think about your use of pain reliever products during your lifetime. For how long did you use {PRODUCT NAME} **nearly every day**? Please do not count the months or years when you were not taking the medicine.

ENTER NUMBER

ENTER UNIT

1. MONTH
2. YEAR

Ask and record how long the person has been taking the product. Fill in the number of days and the unit very carefully. A small error made while recording the unit, e.g., picking years instead of months, can cause a big error in the amount of time it appears the person took the product.

RXQ.025 In the past 30 days, have you used or taken any of the prescription or non-prescription pain relievers listed on this card? Some of these products may be used for reasons other than pain.

HAND CARD DSQ2

1. YES
2. NO

HAND CARD DSQ2

Aspirin – and other aspirin products such as:

Anacin	Bayer	Midol
Ascripton	Bufferin	Pabrin
Alka Seltzer	Ecotrin	

Tylenol – and other acetaminophen products such as:

Anacin-3	Contac	Other <u>cold & sinus products containing acetaminophen</u>
Benadryl	Dristan	
Comtrex	Sudafed	

Ibuprofen – and other ibuprofen products such as:

Advil	Nuprin
Motrin	<u>Cold & sinus products containing ibuprofen</u>

Aleve, Naprosyn (naproxen)

Relafen (nabumetone)

Celebrex (celecoxib)

Tolectin (tolmetin sodium)

Clinoril (sulindac)

Vanquish

Excedrin

Voltarin, Arthrotec (diclofenac)

Feldene (piroxicam)

Vioxx (rofecoxib)

Indocin (indomethacin)

RXQ.340 Now I would like to talk about the prescription and over the counter pain relievers on this list that you have taken in the **past 30 days**.

CHECK PRODUCT LABEL OR ASK RESPONDENT. ENTER {FIRST/NEXT} PRODUCT CODE.

HAND CARD DSQ2

- | | |
|-------------------------------|--------------------------------------|
| 1. ASPIRIN | 8. FELDENE (PIROXICAM) |
| 2. TYLENOL (ACETAMINOPHEN) | 9. INDOCIN (INDOMETHACIN) |
| 3. IBUPROFEN | 10. RELAFEN (NABUMETONE) |
| 4. ALEVE, NAPROSYN (NAPROXEN) | 11. TOLECTIN (TOLMETIN SODIUM) |
| 5. CELEBREX (CELECOXIB) | 12. VANQUISH |
| 6. CLINORIL (SULINDAC) | 13. VOLTARIN, ARTHROTEC (DICLOFENAC) |
| 7. EXCEDRIN | 14. VIOXX (ROFECOXIB) |

The next set of questions asks about pain relievers used in the **past 30 days**. CAPI will display these questions if the respondent answered Yes to question RXQ.025 (see previous page). This is one of the first questions in the DSQ section.

Note that these are the same products referred to in the previous set of questions about pain relievers and thus the respondent should refer to the same hand card (DSQ 2) when answering this set of questions. Also note that some of these products may be taken for reasons other than pain.

It is very important that you make every effort to see the containers for each pain reliever product taken. Please note that this screen **does not allow multiple entries**. The interviewer instructions indicate that you are to enter the **first** product code at this screen. Only one code can be entered here. CAPI will cycle through a series of questions about the first product entered before returning to this screen for the next product.

Note that as in the previous set of questions about pain relievers, Hand Card DSQ2 contains more examples of the general products categories of aspirin, Tylenol and ibuprofen than are contained on the CAPI screen. Thus you may have to look at the hand card, talk to the respondent or read the information on the product container to determine how to code each product in CAPI. The main ingredient in Tylenol is acetaminophen (pronounced ah-seat-oh-min-ah-fin. If a product contains acetaminophen, it should be coded as Tylenol in CAPI. If you are unsure about how to code a cold and sinus product that is not listed by specific brand name in the examples on the hand card, look at the ingredients on the container. Cold and sinus products will usually contain one of three ingredients: aspirin, acetaminophen or ibuprofen. First look at the front of the container to see what the main pain relieving ingredient is. If it doesn't say anything specific, look at the back of the container under active ingredients. Look for aspirin, acetaminophen or ibuprofen.

RXQ.345 In the past 30 days, on how many days did you use or take {PRODUCT NAME}?

ENTER NUMBER OF DAYS

Ask and record on how many of the last 30 days the person took this product. If they say "don't know", probe by saying, "Just give me your best estimate." Do not accept an answer of don't know. If they answer by saying "everyday", record 30 days. If they answer by week (e.g., 4 times a week), assume 4 weeks in a month, and do the math (e.g., $4 \times 4 = 16$). Always confirm the response by repeating back to the person, "So, about 16 times a month." There is no longer any option of "frequency varied." Always obtain the respondent's best guess.

RXQ.350Q/U On those days that you used or took {PRODUCT NAME}, how many pills or doses did {you/SP} usually take in a single day?

ENTER NUMBER OF PILLS/DOSES

ENTER UNIT

1. PILLS
2. DOSES

Ask and record how much of the product the person usually took on a single day. There is no option of amount varied: if the respondent says this, probe by saying, "Give me your best guess of how much you **usually** took."

RXQ.355 INTERVIEWER: ENTER 1 RESPONSE

1. CONTAINER SEEN
2. CONTAINER NOT SEEN

As stated earlier, it is very important that you see the product container in order to get accurate information about the product.

RXQ.360G/U INTERVIEWER: RECORD STRENGTH OF PRODUCT

CAPI INSTRUCTION:
DISPLAY PRODUCT NAME AS LEFT HEADER

1. ENTER STRENGTH
2. INFORMATION NOT ON BOTTLE/CONTAINER
3. MULTIPLE INGREDIENT PRODUCT

ENTER NUMBER/UNIT

1. MICROGRAM (MCG)
2. MILLIGRAM (MG)
3. GRAM (g)
4. MICROGRAM/MILLILITER
5. MILLIGRAM/MILLILITER
6. GRAM/MILLILITER
7. OTHER (SPECIFY)

If the container is seen, you will be asked to record the product strength from information on the bottle. Note that there are three options on the screen ‘ENTER STRENGTH’, ‘INFORMATION NOT ON BOTTLE/CONTAINER’, or ‘MULTIPLE INGREDIENT PRODUCT’. In most instances, the strength information will be clearly printed on the front of the container. If this is the case, select ‘**Enter Number**’.

Record the exact strength from the information printed on the container. Note that CAPI will allow you to enter decimals at this screen (example: 1.5 milligrams).

If the product contains multiple ingredients, like NyQuil which contains acetaminophen, an antihistamine, a decongestant, and a cough suppressant, then select **#3 – multiple ingredient product**. Another example of a multiple ingredient product is Excedrin, which contains acetaminophen, aspirin, and caffeine. You will not need to record the strength of multiple ingredient products such as these.

IV. Prescription Medications

Next you will ask a series of questions about prescription medications. These questions will appear if the respondent has answered YES to the initial question about prescription medication use. This question is presented on the next page.

RXQ.031 In the **past 30 days**, have you used or taken medication for which a **prescription** is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Do not include prescription vitamins, minerals or pain relievers you may have already told me about.

1. YES
2. NO

Note that the definition of "prescription" appears in the question text. Prescription vitamins should be listed in the vitamins and minerals section and prescription pain relievers recorded earlier should not be recorded here.

Include prescription medicines received from a physician (in person), a clinic, pharmacy, etc. for which a prescription is normally needed **even though the SP may not have a prescription on paper**. For example, a SP may have been given samples by a physician without a prescription. But the containers/packages for such will often have a printed warning on them such as:

"Federal law prohibits distribution of this product without a prescription."

Sometimes, however, the warning might not be there, especially if the medicine was purchased in another country or given to the SP by a relative who purchased it elsewhere. If you have **any doubt** as to whether something is a prescription product or not, report it as a prescription product and make a note in comments of any questions you have.

A. Recording Information About Prescription Medication: Question Specifications

RXQ.231 Now I would like to talk about **prescription medication** you have used in the **past 30 days**. Again, these are products prescribed by a health professional such as a doctor or dentist. Do **not** include prescription pain relievers you may have already told me about.

[First I will record some information about the medication, then I will ask you some questions about it.]

REFER TO PRODUCT LABEL(S) OR ASK RESPONDENT FOR NAME(S) OF PRESCRIPTION MEDICATIONS USED.
ENTER MEDICATION NAME

As with dietary supplements (not on the special products list) and antacids, when collecting information about prescription medicines you begin by entering the **complete product name** and pressing the enter key. The same screen that initiates the look up function for dietary supplements and antacids will appear.

RXQ.240s PRESS BS TO START THE LOOKUP.

SELECT MEDICATION
FROM LIST.

IF MEDICATION **NOT**
ON LIST – PRESS BS
TO DELETE ENTRY.

TYPE *******.

PRESS ENTER TO SELECT

Type in the complete product name and select only an exact match.

The following table contains a list of abbreviations and their full text name. The product abbreviation **and** the full text name equivalent are considered to be an exact match if either is entered as part of the product name **and** is part of the product name on the lookup.

Note: You are not expected to memorize this information nor will you be held accountable for matching a product to the lookup based on this table. It is provided as an informational tool to be used when questions arise.

Abbreviation	Full text name
HCl, HCL, hcl	Hydrochloride; Hydrochloric Acid
Na, na	Sodium
NaCl	Sodium chloride
HCTZ, hctz	Hydrochlorothiazide
APAP, apap	Acetaminophen
PPA	Phenylpropanolamine

Select the ******* option if the prescription product is not on the list. The remaining questions are different than those asked about dietary supplements, antacids, and pain relievers. For prescribed medicines, there are **no** questions about form, strength, dosage or manufacturer as there were for other reported products. The only other information collected about prescribed medication is the length of time the SP has been using the product and the main reason for taking it.

RXQ.260Q/U For how long have you been using or taking {PRODUCT NAME}?

ENTER NUMBER (OF DAYS, WEEKS, MONTHS OR YEARS)

ENTER UNIT

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

RXQ.290 What is the **main** reason for which you use {PRODUCT NAME}?

ENTER TEXT

Be as specific as possible when entering information about the reason the respondent is taking the medication. If the respondent answers “pain”, ask him or her to be more specific. (Example: “Where is the pain located?” or “What kind of pain is it?”).

MAILING ADDRESS CONFIRMATION (HPQ 3.30)

After you exit the Blaise Questionnaire, you will see a few more screens before ending the SP questionnaire. You will ask the SP for their complete mailing address. If it is exactly as it appears on the screen, tap the forward arrow.

If the SP gives you a different mailing address, you will record the new information. Notice the cursor rest on the Street # because you will not use the “Additional Address Line” field very often. This line is for additional address information such as the name of a dormitory or apartment building. If the SP has a PO box, you will need to clear the street #, street name, Apt, and Apt # fields. To clear a field, with your keypad turned off, place your cursor in the field you want to clear and tap “clear”. Correct any error in the address using the drop down list when appropriate. Always verify that the remaining information, city, state and zip code are the same. Remember, your drop down lists do not work when your keypad is on.

Another option available on this screen is the “CLEAR ALL” which gives you the capability of quickly clearing everything if you want to enter a completely new address. Note: When you use the “CLEAR ALL” button, it deletes all address information including state and zip code.

When all corrections are made, press the forward arrow key. You will then be asked to read the corrected mailing address to the SP. You are given the opportunity to make further correction by coding NO until the mailing address is correct. **Remember, the address you enter here is used to produce a mailing label for the household. The address should look exactly as it would appear on an address label** (or as close as possible).

TELEPHONE NUMBER

If no **home** phone was recorded in the Screener, either because the household had no home phone or because the question was refused), you will ask the SP for his or her home phone. The questions you will see at this point are identical to the questions about telephone number that appear in the Screener. Please refer to Chapter 4, Section 4.1.3.13 to see the screens for these questions.

NHANES is a longitudinal study. The mailing address information you verify/collect in this question will be critical in tracking the respondents. Keep in mind the importance of accurate address information and verify and record all data very carefully.

14.4.2 The Family Questionnaire

A Family Questionnaire will be completed for each family in a household that has at least one SP. A family with at least one SP is referred to as an NHANES Family. For example, if a household has two families and both families have an SP, two Family Questionnaires will be completed.

The Family Questionnaire is organized to ask questions about non-SPs, SPs, all members of the family, and the household in general. Below is a description of each of the eight sections comprising the Family Questionnaire and question by question specifications for each.

DEMOGRAPHIC BACKGROUND/OCCUPATION (DMQ -- FAM)

This section is asked for the head of the family **if he or she is not an SP** and for the spouse of the head of the family, **if not an SP**. It collects demographic and occupation information for the non-SP head of the family and his/her spouse. Information collected includes birthplace, education level, and employment status. Question by Question specifications for all of the questions in this section of the Family Questionnaire can be found in the Q by Q specifications for the SP questionnaire in the Demographics (DMQ -- SP) and "Occupation" (OCQ) sections.

HEALTH INSURANCE (HIQ)

The health insurance section asks about the health insurance situation of **SPs** in the family. This means that in some families, you may not be asking questions about everyone in the family in this section. The questions ask about specific types of health insurance and which SP family members receive them. Definitions of the different types of health insurance are contained in the Glossary of Terms (Chapter 15 of this manual). It then loops through the different types of insurance identified, asking about the type of coverage. For each person identified as having had coverage, a question about periods of non-coverage in the past 12 months is asked. If an SP did not have coverage, questions are asked about how long he/she has not had coverage and why he/she does not have coverage.

HOUSING CHARACTERISTICS (HOQ)

The housing characteristics section asks questions about the dwelling unit in which the family resides. Information collected in this section will provide social and economic data to aid in the analysis of health data. For families that include an SP who is between the ages of one and five, there are also questions about the condition of the home with respect to paint and about recent construction.

HOQ.011 I'd like to ask you a few questions about your home. Is your home...

VERIFY OR ASK IF NOT OBVIOUS.

INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.

1. a mobile home or trailer,
2. a one family house detached from any other house,
3. a one family house attached to one or more houses,
4. an apartment,
6. a dormitory, or
8. something else (SPECIFY)?

Note the first interviewer instruction on this screen: If you are sitting in the respondent's home, you can probably code the question without asking. However, if there is any doubt at all about the type of dwelling unit, ask this question.

Note the second interviewer instruction: Code a townhome as a house (either attached or detached). Do not code a condo or condominium as something else, probe for which of the other categories best represents the type of dwelling (e.g., apartment).

HOQ.040 When was this house originally built?

READ CATEGORIES IF NECESSARY.

1. 1990 TO PRESENT,
2. 1978 TO 1989,
3. 1960 TO 1977,
4. 1950 TO 1959
5. 1940 TO 1949, OR
6. BEFORE 1940?

The focus of this question should be on the year the structure was **completed**, rather than when construction began or when it was first occupied.

HOQ.065 Is this house owned, being bought, rented, or occupied by some other arrangement by you or someone else in your family?

1. OWNED OR BEING BOUGHT,
2. RENTED,
3. OTHER ARRANGEMENT

Code 1, “OWNED OR BEING BOUGHT” means either that there is **no** outstanding mortgage on the residence or that there **is** an outstanding mortgage. Either way, the eventual outcome should be outright ownership of the residence.

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

1. PRIVATE/PUBLIC WATER COMPANY
2. PRIVATE/PUBLIC WELL
3. SOMETHING ELSE

A private or public water company (Code 1) may draw water from many sources, but provides it to the public as a service.

A private or public well (Code 2) is a hole in the ground.

PESTICIDE USE (PUQ)

This section asks about the family’s use and application of chemicals, either inside or outside the house, to control insects such as fleas, roaches, and so on. It also asks about the use and application of chemicals in the yard to kill insects, weeds, or plant diseases.

SMOKING (SMQ)

The smoking section asks about all members of the household – both SPs and non-SPs, regardless of their relationships, who smoke inside the house. It captures data that can be used in the analysis of the effects of passive smoking.

Anyone who lives in the household and **smokes anywhere inside the house** is identified by selecting the person from the household roster that is displayed. A question about the frequency of smoking cigarettes, cigars and pipes in the house is then asked of each identified smoker.

<p>HOQ.420 Who smokes?...</p> <p>PROBE: Anyone else?</p> <p>SELECT NAMES FROM HOUSEHOLD ROSTER</p> <p>{DISPLAY HOUSEHOLD ROSTER}</p>

This question applies to **all** people who live in the household, even if they are not related to a family containing SPs. It is asked for any household member who currently smokes **in the home**. Do not include a household member who smokes but never does so at home.

The household roster displayed by CAPI presents a list of names of all household members identified during the Screener.

FOOD SECURITY (FSQ)

The food security section addresses food availability and food sufficiency in the household. Some questions are directed toward the household in general, and some questions are directed only toward households with children. This section is only asked of the first NHANES family identified in the household. For the most part, this section is based on income. The income guidelines eliminate all households with incomes greater than 4 times the poverty level.

INCOME (INQ)

The income section of the Family questionnaire asks a series of questions about family income. These questions are asked about the family head and all family members, **regardless of whether the person is an SP or not**. You will ask if anyone in the family receives various types of income and if so, who.

Income often indicates differences in the ability to obtain adequate health care or differences in the ability to afford food for adequate diets to prevent diseases. These questions will also enable analysts to determine the relationship between family income and family size in order to identify poverty levels and relate this to other health variables.

Definition of Family or Household Income – The monetary income **before** deducting taxes, retirement, insurance, union dues, etc.

1. Income includes:
 - a. Veteran's payments;
 - b. Unemployment or workman's compensation;
 - c. Alimony and child support;
 - d. Money regularly received from friends or relatives not living in the household;
 - e. Other periodic money income.
2. Income does NOT include:
 - a. Income "in kind," such as the value of room and board, free meals in restaurants, food stamps, free or reduced rent, value of crops produced by a farmer but consumed by his/her family, etc.;
 - b. Lump sum payment of any kind, such as insurance payments, inheritances, or retirement;
 - c. Occasional gifts of money from persons not living in the household or any exchange of money between relatives living in the same household;
 - d. Money received from selling one's own house, car, or other personal property;
 - e. Withdrawal of savings from banks, retirement funds, or loans;

- f. Tax refunds or any other refund or rebate;
- g. Money received from other non-family (not related) household members.

INQ.012 The next questions are about {your/your combined family} income in the **last 12 months**. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of all family members living in the household} **before taxes**. This would include income sources that you collect on behalf of children like SSI, WIC, etc.

Did you or **any** family member 16 years old and older, that is: you or {NAMES OF FAMILY MEMBERS 16 +} receive income in the **last 12 months** from **self-employment** including business and farm income?

- 1. YES
- 2. NO

Income from work includes money earned from one's own business, partnership, professional practice or farm as well as money earned from working at a job. Self-employment may vary from owning a large company to babysitting.

INQ.200 Now I am going to ask about the **total combined income** for all the persons in your household: that is all the persons we have talked about and {NAMES OF ADDITIONAL HOUSEHOLD MEMBERS} in the **last 12 months**, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

\$_____

For the purpose of collecting information about total income, the study is interested in breaking down some individuals into smaller economic units. For example, a person – Mary -- and her unmarried partner – Bill -- are considered to be part of the same NHANES family, and as a result, most of the family questionnaire is about both of them. But in the income section, you would ask total income for Mary, then total income for Bill. The CAPI program will take care of filling the text of this question with the correct names. You should read the question carefully, making sure the respondent understands who you are talking about.

For the first NHANES family identified in the household, this question is also asked for the **whole** household, regardless of relationships.

TRACKING AND TRACING (TTQ)

The questions in this section of the Family questionnaire are intended to obtain the names, addresses, and telephone numbers of persons we could contact who would know of the whereabouts of the SPs in the family if one or more were no longer at this address.

NHANES has been designed as a longitudinal study of the U.S. population. All identified SPs will be tracked in a number of different ways. Subjects can often be lost due to insufficient address and name information so it is important to collect as complete and accurate information as possible in the TTQ section. To avoid keying errors, carefully review all information that is entered, as there are separate response fields for every entry (e.g., street number, street name, apartment and city).

15. DEFINITIONS OF TERMS

The following is a list of words or terms from the Screener, the Family, and the Sample Person (SP) Questionnaires that may not be familiar to respondents. Many of the terms listed in this section are also defined in your CAPI instrument in on-line (F1) help screens.

The wording of each question in the instruments has been chosen with extreme care. If the respondent does not understand a word or a question, you must not "help" them to interpret by using your own words. However, if a respondent asks you a question or seems confused about the meaning of a word or phrase that is used as part of a question, you may refer to this list or to the help screens and read the definition provided. This section and the help screens are designed to list standard definitions, which you may use only if a respondent asks for a specific definition. All items are listed in alphabetical order.

Active Duty in the Armed Forces: This means full-time active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or any National Guard unit currently activated as part of the regular Armed Forces. Included in active duty is the 6-month period a person may serve in connection with the provisions of the Reserve Forces Act of 1955 and cadets appointed to one of the military academies, such as West Point, the Naval Academy, etc. Also include persons on full-time active duty in the military service of a foreign nation. Household members on active duty in the Armed Forces will not be selected as sample persons. They may be respondents for some of the household questionnaires, however.

AFDC (Aid to Families with Dependent Children): Was a government program that provided cash benefits to needy children (and certain others in their households) who had been deprived of parental support or care because their father or mother was absent from the home continuously, incapacitated, deceased, or unemployed. AFDC has been replaced by TANF (Temporary Assistance to Needy Families).

Alzheimer's Disease: A form of dementia due to atrophy of the brain. Symptoms include loss of memory and intellectual function and disorientation.

Ancestry/Origin: A person's origin or ancestry refers to the nationality that distinguishes the customs, characteristics, language, common history, etc. of the person and his/her ancestors. The country from which a person "comes," where s/he is born, or his/her descent. The national or cultural group from which the person is descended, as determined by the nationality or lineage of the person's ancestors. There is no set rule as to how many generations are to be considered in determining origin: a person may report his/her origin based on that of a parent, grandparent, or some far-removed ancestor.

Anemia: A blood condition. Low red blood cell count.

Angina (Angina Pectoris): A condition affecting the heart and circulatory system. Pain resulting from insufficient blood to the heart. Do not count heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked blood vessels or angina.

Another Room: If you select "ANOTHER ROOM," you will be prompted to specify the type of room. Use this code when the child spends most of his/her waking time in a room that does not fit into one of the standard response options. This may include a playroom, office, study, guestroom, library, laundry room, sewing room, workshop, bathroom, etc. Do not record basement, upstairs, loft or attic, (these are levels) – instead record the room type based on its use, e.g., laundry room, workshop, etc.

Another Thyroid Disease: Include hyperthyroidism (overactive thyroid); hypothyroidism (underactive thyroid); Graves disease (a thyroid eye disease); Hashimoto's thyroiditis (inflamed thyroid); thyroid cancer; thyroid nodule (lump growing in thyroid); and postpartum thyroiditis (a thyroid disease that occurs after delivery).

Antacids: An agent that neutralizes acidity or reduces acid production, especially in the digestive system.

Armed Forces: Non-civilian members of any of the armed services of the federal government (Army, Navy, Air Force, Coast Guard, Marines).

Arthritis: A condition affecting the bone and muscle. The inflammation of a joint. Common types of arthritis are rheumatoid arthritis and osteoarthritis.

Asthma: A condition affecting the respiratory system with marked recurrent attacks which include breathing difficulty and wheezing. Include smoker's asthma, bronchial asthma, allergic asthma, etc. Do not accept self-diagnosed lung problems or conditions or those diagnosed by a person who is not a doctor or other health professional.

Attack: Occurrence of a symptom where there is an identifiable beginning and end point.

Attention Deficit Disorder: A condition diagnosed by an education or health professional and characterized by developmentally inappropriate inattention, impulsiveness and varying hyperactivity.

Aunt: The sister of a person's mother or father.

Authorized Person: The person whose name appears on a certification card.

Automatic Defibrillator: A small device implanted into a person's heart that delivers a small shock in the event the heart does not beat adequately.

Bachelor's Degree: An educational degree given by a college or university to a person who has completed a 4-year course or its equivalent in the humanities or related studies (B.A.) or in the sciences (B.S.).

Bed: Anything used for lying down or sleeping, including a sofa, cot, or mattress.

Bedroom: A bedroom is the room in which person(s) sleeps (i.e., there is usually a bed present in the room) on most nights. NOTE: Rooms that are designed as bedrooms when constructed, but are now being used for another purpose, e.g., as a guestroom, office, playroom, sewing room or storage room, are **not** included as bedrooms. Treat these rooms as the room type for which they are being used.

Benign: Not recurrent or progressive. The opposite of malignant.

Biological Mother: The person who gave birth to the child.

Biological or Blood Relative: Relatives related by blood. Biological relatives do not include "step" or "foster" relatives or persons related by marriage or adoption.

Blind: Refers to persons who cannot see at all or who only have light perception. It also includes persons who are considered legally blind. Legal blindness is defined as visual acuity of 20/200 or less in the better eye (with the best possible correction) or as a visual field of 20 degrees or less.

Breastfed: To feed (a baby) mother's milk from the breast. Breastfeeding includes feeding from the biological mother and also by a wet nurse (someone other than the biological mother who feeds the child). The term also includes feeding mother's milk through a bottle.

Bronchitis: A condition affecting the respiratory system. An inflammation of the bronchial tubes, generally accompanied by coughing, pain, or shortness of breath.

Brother: Includes biological, adoptive, step, foster and half brothers, and brothers-in-law. A brother is one's male sibling who shares both of the same biological or adoptive parents. A stepbrother is one's stepparent's son by a previous relationship. A half brother is one's male sibling who shares one of the same biological or adoptive parents. A brother-in-law is one's sister's husband. A foster brother is the foster son of one or both of one's parents or the son of one's foster parent(s).

Brother-in-Law: The husband of a person's sister or the brother of a person's spouse.

Business: A business exists when one or more of the following conditions are met:

1. Machinery or equipment of substantial value is used in conducting the business;
2. An office, store, or other place of business is maintained; or
3. The business is advertised to the public. (Some examples of advertising are: listing in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or any type of promotion which publicizes the type of work or services offered.)

Examples of what to include as a business:

- Sewing performed in the sewer's house using his/her own equipment.
- Operation of a farm by a person who has his/her own farm machinery, other farm equipment, or his/her own farm.

Do not count the following as a business:

- Yard sales; the sale of personal property is not a business or work.
- Seasonal activity during the off season; a seasonal business outside of the normal season is not a business. For example, a family that chops and sells Christmas trees from October through December does not have a business in July.
- Distributing products such as Tupperware or newspapers. Distributing products is not a business unless the person buys the goods directly from a wholesale distributor or producer, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer.

Cancer: An abnormal uncontrolled growth of tissue that has potential to spread to distant sites of the body, also known as a malignant tumor. Count the same type of cancer or malignancy on different parts of the body as one kind.

Cataract Operation: Surgical removal of the cataract and implantation of a plastic lens. A cataract is an opaque (cloudy) area that occurs in the normally clear lens of the eye. The cataract blocks or distorts light that is entering the eye and causes a general loss of detail. It may also cause problems with glare or distortion, such as double images.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Chewing Tobacco: Coarsely shredded tobacco that is sold in pouches of loose tobacco leaves or in a "plug" or "twist" form. To use chewing tobacco, you either chew it or hold it in your cheek or inside your lower lip.

Child: Male or female child through birth or adoption, regardless of age. Also include stepchildren, foster children and sons/daughters-in-law. Do not include an unmarried partner's children. A stepchild is one's spouse's male or female child by a previous relationship. A foster child is not one's biological child, but lives with one's family as one's son or daughter. A son/daughter-in-law is the spouse of one's child.

Child of Partner: Any son or daughter of a person's unmarried partner that is not the person's biological child.

Child Support: Money received from parents for the support of their children. In some cases, child support payments may be delivered to recipients by a government office, court office, or welfare agency.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Chronic (Bronchitis): Long, drawn out, or of long duration. A disease showing little change or slow progression over time.

Cigarette: Respondent defined. Do not include cigars or marijuana.

Cleaning (Dental): Refers to activities performed by a dentist or dental hygienist to maintain healthy teeth and prevent cavities. Cleaning includes scraping tartar deposits off teeth, both above and below the gumline.

Clinic: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals, that is not located at a hospital. (Do not include hospital outpatient departments.) Include a clinic operated solely for employees of a company or industry, regardless of where the clinic is located.

College: Any junior college, community college, 4-year college or university, nursing school or seminary where a college degree is offered, and graduate school or professional school that is attended after obtaining a degree from a 4-year institution.

Condition: Respondent's perception of a departure from physical or mental well-being. Any response describing a health problem of any kind.

Condo (Condominium): Do not count this as a housing type. If condo is given as a response, probe for actual housing type (e.g., apartment).

Confidentiality and Public Reporting Burden Statement: Information will be collected under authority of Section 306 of the Public Health Service Act (42 USC 242k) with a guarantee of strict confidence.

Section 308(d) of the Public Health Service Act (42 USC 242m) and the Privacy Act of 1974 (5 USC 552a) state that we are forbidden to release any information that identifies you or your family to anyone, for any purpose, without your consent.

Public reporting burden for this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0237).

Congestive Heart Failure: Congestive heart failure occurs when the heart does not pump as much blood as the body needs. It is associated with water retention and results in inadequate blood and oxygen supply. Do not count heart murmurs, dropped or skipped heart beats, or chest pain.

Contact Lenses: A curved shell of glass or plastic worn directly against the eye to correct vision problems.

Coronary Heart Disease: Any problem with the arteries which supply blood to your heart, like blocked or narrow arteries. Do not count heart murmurs or dropped or skipped heart beats. If the respondent reports "chest pain," probe if a doctor told them that they had blocked blood vessels or coronary heart disease.

Daughter-in-Law: The wife of a person's son.

Day Care: Any child care given on a routine basis outside the home where 1 or more child is in care. Include care given at a day care center as well as care given by babysitters.

Deaf: Refers to inability to hear in both ears without the use of hearing aides. Also can include hearing loss greater than 70 DB (decibels) in the better ear without hearing aides.

Dental Care: Health care that is related to the teeth, gums and jaw. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dental Clinic: A group of dentists who have organized their practice in a clinical setting and work cooperatively.

Dentist: Medical professional whose primary occupation is caring for teeth, gums and jaws. Dental care includes general work such as fillings, cleaning, extractions, and also specialized work such as root canals, fittings for braces, etc.

Dentures: False teeth that can be removed from the mouth.

Dermatitis: A condition affecting the skin. Inflammation of the skin with itching, redness, and various skin lesions.

Diabetes: A glandular disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine. Do not include gestational diabetes or diabetes that was only present during pregnancy. Also, do not include self-diagnosed diabetes, pre-diabetes or high sugar.

Dietary Supplements (Vitamins/Minerals): Dietary supplements are often labeled as "dietary supplements" and are used in addition to foods and beverages. Dietary supplements are not intended to replace food. Include vitamins, minerals, antacid/calcium supplement products, fiber supplements, amino acids, performance enhancers, herbs, herbal medicine products, and plant extracts used as dietary supplements. Include products that are taken orally or given by injection. Do not include beverages, such as tea, and skin creams. Meal replacement beverages, weight loss and performance booster drinks, and food bars are considered foods, not dietary supplements.

Difficulty: It is important to determine for the questions in this section whether the problems that a respondent might have with an activity are because of an impairment or a physical or mental health problem. Some people may not do these activities because of gender or social norms or because of personal preferences. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity

at all, remember to ask if that is due to an impairment (deaf), a physical health problem (high blood pressure), or mental health problem (depression).

Dining Room: This is the room designed for people to eat their meals. If they eat in the kitchen and this is where the child spends the most time awake, select "KITCHEN." If they eat in the living room, select "LIVINGROOM."

Disabled: Respondent defined.

Disability Pension/Benefits: The following are the most common types of disability pensions: company or union disability, Federal Government (Civil Service) disability, U.S. military retirement disability, state or local government employee disability, accident or disability insurance annuities, and Black Lung miner's disability.

Doctor: The term refers to both medical doctors (M.D.s) and osteopathic physicians (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Doctorate Degree: The highest educational degree given by a college or university to a person who has completed a prescribed course of advanced graduate study. For example—a Doctor of Philosophy (Ph.D.).

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Dressing: The overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Dressing does not include undressing. Whether the SP wears nightclothes or street clothes is irrelevant; it is the act of getting clothes and putting them on that matters.

Dry Cough: Cough with no mucous, sputum, or phlegm.

Dwelling Unit (DU): A DU is a group of rooms or a single room occupied as separate living quarters, that is, when the occupants do not live and eat with any other person in the structure and when there is direct access from the outside or through a common hall or area. Also regard as DUs vacant groups of rooms and vacant single rooms that are intended for occupancy as separate living quarters.

Early Head Start: A Head Start program that provides prenatal and infant care services. Pregnant women may participate in this program. For children, the program starts at birth and ends at 3 years of age.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

Eczema: An allergic condition affecting the skin. An inflammation of the skin causing itching. It is often accompanied by scaling or blisters and is sometimes caused by an allergy.

Emergency Room: A medical department or emergency care facility at a hospital that is open 24 hours a day. No appointments are necessary, although a provider may arrange to meet a patient at an emergency room. Medical care may be administered by a physician, nurse, paramedic, physician extender, or other medical provider. Do not include urgent care centers, which are not part of a hospital, or outpatient clinics.

Emotional Problem: A kind of mental health problem affecting a person's emotional well being.

Emotional Support: To give courage, faith, or confidence. To help or comfort.

Emphysema: A condition affecting the respiratory system. A disease in the lungs in which the alveoli (tiny air sacs) become damaged, usually due to smoking.

Episode: Occurrence of a symptom where there is an identifiable beginning and end point.

Fairly Regularly (started smoking cigarettes, pipes, cigars, or using chewing tobacco, snuff): On a routine basis. When using tobacco became a routine or established habit as opposed to when the person first experimented with tobacco.

Family: A single person or a group of two or more related persons living in the same household; for example, the reference person, his/her spouse (or unmarried partner), foster son, daughter, son-in-law, and their children, and the wife's uncle. Additional groups of persons living in the household who are related to each other, but not to the reference person, are considered to be separate families; for example, a lodger and his/her family, or a household employee and his/her spouse. Hence, there may be more than one family living in a household and one person may be a family.

Father: One's male parent, including biological, adoptive, step, and foster fathers and fathers-in-law. A stepfather is the spouse of one's biological or adoptive mother. A foster father is the father in one's foster family.

Father-in-Law: The father of a person's spouse.

Federal Government: Include individuals working for any branch of the federal government, as well as paid elected officials, civilian employees of the Armed Forces and some members of the National Guard. Include employees of international organizations like the United Nations and employees of foreign governments such as persons employed by the French embassy.

Food Stamps: Government issued coupons or vouchers that can be used to purchase food. They also come in the form of electronic benefit transfers (EBT). The food stamp program is jointly funded by state and federal governments and is administered at the state and local level.

Food Supplement: A beverage, candy bar or pudding that is intended to supply a major part of a person's calorie or nutrient needs and is consumed in place of or along with conventional foods.

Formula: A milk mixture or milk substitute that is fed to babies.

Foster Brother: The foster son of one or both of a person's parents or the son of a person's foster parent(s).

Foster Care Relationship (Foster Child/Foster Parent): A relationship between a substitute family and a minor child who is unable to live with his/her biological parent(s). The minor living in this relationship is considered a "foster child."

Foster Child: A minor who lives with a substitute family because he/she is unable to live with his/her biological parents.

Foster Daughter: An unrelated female child in a person's foster care.

Foster Sister: The foster daughter of one or both of a person's parents or the daughter of a person's foster parent(s).

Foster Son: An unrelated male child in a person's foster care.

GED (General Educational Development): An exam certified equivalent of a high school diploma.

Glasses: Includes prescription eyeglasses as well as nonprescription eyeglasses purchased at drug stores or variety stores. Do not include safety or nonprescription glasses, which are worn for protection only.

Going to School: Attending any type of public or private educational establishment both in and out of the regular school system.

Goiter: An enlarged thyroid. Your thyroid is a gland located in the front of your neck. This may appear as a very large swollen area in the front of your neck.

Government Assistance for Housing: Federal, state, or local government housing programs for persons with a low income may take many forms. Government housing assistance could be: monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Government Payments (Welfare, Public Assistance, AFDC, Some Other Program): Aid to Families with Dependent Children (AFDC) or Aid for Dependent Children (ADC) are the old welfare program names. AFDC and ADC have been replaced by Temporary Assistance to Needy Families (TANF; pronounced "tan'iff"). TANF is administered by state and local governments. Each TANF program has a unique name depending on the state or local area.

Eligibility for TANF programs varies from state to state, but usually depends on having low-income. Services provided through TANF programs also vary from state to state. Where AFDC primarily

provided cash benefits, TANF provides a wide range of services such as job training, child care, and subsidies to employers.

Grandchild: A child of one's daughter or son.

Grandfather: The male parent of one's mother or father.

Grandmother: The female parent of one's mother or father.

Half Brothers: Brothers that have only one biological parent in common.

Half Sisters: Sisters that have only one biological parent in common.

Hayfever: An allergic condition affecting the respiratory system.

Head Start Programs: Programs that are designed to provide services for children living in families with incomes below poverty. These services may include but are not limited to: medical, dental, social, and educational services. If a child who is eligible for these services has "special needs" or "disabilities," the child may receive both Head Start and Early Intervention Services or Special Education Services. Although many children begin Head Start at age three or four, in some areas Early Head Start begins with prenatal and infant care.

Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians, and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Health Center: Refers to a facility where medical care and advice are given by doctors, nurses, or other medical professionals that is not located at a hospital.

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

HMO (Health Maintenance Organization): A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs:

1. A group or staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
2. An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
3. A network HMO contracts with two or more group practices to provide health services.

HMOs and IPAs require plan members to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Health Problem: Respondent defined, should be limited to chronic conditions.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

Hearing Test: Any audiometric testing or screening that required the person to respond to a series of tones by raising his/her head, pressing a button, etc.

Heart Attack (Myocardial Infarction): A condition affecting the heart and circulatory system. Do not include heart murmurs, dropped or skipped heart beats, or chest pain. A term used to describe irreversible injury to the heart muscle. Common symptoms include crushing lower chest pain that may radiate to the jaw or arms. The chest pain may be associated with nausea, sweating, and shortness of breath.

Helpings: Respondent defined. If the respondent has trouble understanding this concept, it is acceptable to define "helpings" as "servings" or "portions".

Hepatitis: A liver infection. An inflammation of the liver with several possible causes, such as a virus.

High Blood Pressure: Also called hypertension. A condition affecting the heart and circulatory system. When the blood flows through the vessels at a greater than normal force. High blood pressure strains the heart; harms the arteries; and increases the risk of heart attack, stroke, and kidney problems.

Hispanic Names: Some conventions for recording Hispanic names:

1. Father's last name followed by a hyphen followed by mother's maiden name (e.g., Sanchez-Gomez).

Place the first last name, with hyphen (e.g., Sanchez-), in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

2. Father's last name followed by mother's maiden name with no hyphen (e.g., Sanchez Gomez).

Place the first last name (e.g., Sanchez) in the first "Last Name" field and the second last name (e.g., Gomez) in the second "Last Name" field.

3. "De", "de la", or "del" as part of a surname.

When a woman marries, she may add her husband's last name preceded by "del", "de" or "de la" (e.g., Maria Vacario de Sanchez). Some men's surnames may also contain these words (e.g., Manuel de la Puente).

In the case of two last names separated by "del", "de" or "de la", place the first last name (e.g., Vacario) in the first "Last Name" field and the second last name, with the "del", "de" or "de la" (e.g., de Sanchez) in the second "Last Name" field. In the case of one last name with "del", "de" or "de la" in it (e.g., de la Puente), place all parts of the last name in the first "Last Name" field. Remember to leave appropriate spacing between name parts.

4. "De", "de la", or "del" as part of a middle name.

In some cases a woman may have a middle name (e.g., Maria del Carmen Sanchez, Maria de la Concepcion Sanchez) that is preceded by "del", "de" or "de la". In these cases, place the full middle name (e.g., del Carmen) in the first "Middle Name" field. When you are uncertain about the correct recording of such names, probe to determine whether to record a name as a middle or last name. Space names appropriately.

5. In a few cases female respondents will use their father's, mother's and husband's surnames (e.g., Maria Luisa Gonzales-Rodriquez de Martinez).

In this case "Gonzales-Rodriquez" should be entered in the first "Last Name" field and "de Martinez" in the second "Last Name" field. Space names appropriately.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours per day, 7 days per week.

Hospital Outpatient Department: A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient departments include the following:

- Well-baby clinics/pediatric OPD;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Cardiology clinic;
- Internal medicine department;
- Family planning clinics;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

Hot Cocoa: Only include hot cocoa that was made by adding milk. Do not include hot cocoa that was made by adding water, even if the hot cocoa was supposed to be made with water instead of milk.

Hours Spent Away from Home: This is the time that a child spends out of the dwelling unit (e.g., house, apartment, mobile home) where he/she resides. During these hours the child may be at a child care center, preschool, or somewhere else and may or may not be with a parent.

Hours Worked Last Week: The number of hours actually worked last week. Hours worked will include overtime if the person worked overtime last week. The actual hours worked is often not the same as the hours on which the person's salary is based. We want the actual hours spent working on the job, whether the hours were paid or not. However, unpaid hours spent traveling to and from work are not included in hours worked last week.

Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

Household Member: Consider the following two categories of persons in a housing unit as members of the household.

- Persons, whether present or temporarily absent, whose usual place of residence at the time of the interview is the housing unit.
- Persons staying in the sample unit who have no usual place of residence elsewhere. Usual place of residence is the place where a person lives or sleeps the majority of the time. A usual place of residence must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered his/her usual place of residence during the time these quarters are occupied by someone else. Also, vacant living quarters which a person offers for rent or sale during his/her absence should not be considered his/her usual place of residence while he/she is away.

Housemate/Roommate: Unrelated persons of either sex who share living quarters primarily to share expenses or reduce costs.

Hypertension (High Blood Pressure): A condition affecting the heart and circulatory system. Abnormally high blood pressure. Do not include "potential" or "borderline" hypertension. Do not include reports of high blood pressure from home blood pressure testing or testing by a machine in a mall, store or other commercial area.

Impairment: An objective assessment of anatomical, physiological or mental losses from injury, disease, residuals of disease or birth defects. Impairments may or may not interfere with physical or mental functioning. Examples include missing limbs, digits or other body parts; partial paralysis from an early case of polio, accident or war wound; stiff joints, deformed fingers or other physical evidence of arthritis; and vision or hearing loss.

In Any Way: This refers to activities that are normal for most people of that age.

Income: Income is an important factor in the analysis of the health information we collect. Access to medical care depends in part on a person or family's financial resources. This information helps us learn if people in one income group use certain types of medical services more or less than people in other income groups. We may also learn if one income group has certain medical conditions more than other income groups.

Indian Health Service: The federal health care program for Native Americans.

Injury: Respondent defined.

Insulin: A chemical used in the treatment of diabetes. Typically, insulin is administered with a syringe by the patient.

Intensive Care Unit: A hospital unit that specializes in special services provided to seriously ill patients.

IPA (Individual Practice Association): A type of HMO that makes contractual arrangements with individual physicians or small groups of physicians who treat plan members out of their own offices. Plan members are usually required to use only doctors in the plan network. Sometimes members may go to doctors outside of the plan network, but usually at a greater cost. Generally, members do not have to submit health insurance claims. Visits to specialists usually require a referral or authorization from the member's primary care physician.

Job: A job exists when there is:

1. A definite arrangement for regular work;
2. The arrangement is on a continuing basis (like every week or month); and
3. A person receives pay or other compensation for his/her work.

The schedule of hours or days can be irregular as long as there is a definite arrangement to work on a continuing basis.

Include:

- Persons who worked for wages, salary, commission, tips, piece-rates or pay-in-kind.
- Unpaid workers in a family business or farm and persons who worked without pay on a farm or unincorporated business operated by a related member of the household.

Joint: The point of connection between two bones.

Kitchen: This is the room in which people cook their meals. They may also eat their meals in the kitchen.

Lactaid: A modified milk product that is often consumed by individuals who have lactose intolerance. Lactaid can be purchased in various forms (i.e., 2%, skim, etc.). If respondent does not give type, probe for type (i.e., was that Lactaid regular, 2%, 1% or skim?).

Learning Disability: A condition diagnosed by an education or health professional and characterized by difficulty learning basic skills. It is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. It may be evident by an inability to listen, think, speak, read, write, spell or do mathematical calculations. It includes conditions such as brain injury, minimal brain dysfunction, dyslexia or aphasia. It does not apply to people who have difficulty learning as a result of visual, hearing or motor impairment, mental retardation, or emotional disturbance.

Legal Guardian: A person appointed to take charge of the affairs of a minor, or of a person not capable of managing his/her own affairs.

Limited: When a person can only partially perform an activity, can do it fully only part of the time, or cannot do it at all. Do not define this term to the respondent; if asked for a definition, emphasize that we are interested in whether the respondent thinks the person is limited in the specific activity or not.

Limited Activities: Difficulties that limit the child's ability to participate in the activities. We are only interested in difficulties that are associated with an impairment or a physical or mental health problem. Limited activity participation (for example, playing games) means that the child cannot do the activity as long or in the same way as he/she did previous to the impairment or physical or mental health problem, but still does it to some extent (as opposed to not being able to do it at all). If the child has had the impairment or physical or mental health problem since birth, limited activity participation means the child cannot do the activity as well as other children of his/her age, or as well as he/she might if he/she did not have the impairment or health problem.

Living Room/Family Room/Den: This is a common living area in the home. This room type may have a variety of names, including living room, family room, den, parlor, great room, recreation room, Florida room, etc.

Living with a Partner: Person's living together as if they were married when they are not legally married.

Local Government: Include individuals employed by cities, towns, counties, parishes, and other local areas, as well as employees of city-owned businesses, such as electric power companies, water and sewer services, etc. Also included here would be city-owned bus lines and employees of public elementary and secondary schools who worked for the local government.

Looking for Work: To be looking for work, a person has to have conducted an active job search. An active job search means that the person took steps necessary to put him/herself in a position to be hired for a job. Active job search methods include:

1. Filled out applications or sent out resumes;
2. Placed or answered classified ads;
3. Checked union/professional registers;
4. Bid on a contract or auditioned for a part in a play;
5. Contacted friends or relatives about possible jobs;

6. Contacted school/college university employment office;
7. Contacted employment directly.

Job search methods that are not active include the following:

1. Looked at ads without responding to them;
2. Picked up a job application without filling it out.

Low Income: Count all money income before taxes in total income. Do not include capital gains or non-cash benefits (such as Food Stamps, Medicaid or subsidized public housing).

Main Job: The job or business where the person worked the most hours.

Malignancy: A tumor or growth that is cancerous. (See cancer.)

Married: Count legal marriages, including common-law marriages, even if the spouse is not living in the household. Do not count legally annulled marriages.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Health Care Financing Administration (HCFA) of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Melanoma: A type of skin cancer. Cancer of the cells that produce pigment in the skin, which usually begins in a mole.

Mental Health Professional: A person trained to diagnose and treat emotional or mental health problems, including, psychiatrists, psychologists, counselors, and social workers.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Mental Retardation: Someone who is mentally retarded is significantly below average in intellectual functioning and has problems in adaptive behavior.

Migraines: A condition affecting the nervous system. Severe attacks of headache, frequently unilateral, usually accompanied by disordered vision and gastrointestinal disturbance.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

Mother: One's female parent, including biological, adoptive, step and foster mothers and mothers-in-law. A stepmother is the spouse of one's biological or adoptive father. A foster mother is the mother in one's foster family.

Mother-in-Law: The mother of a person's spouse.

Names: Enter the SP's full legal name, including middle name(s). Do not assume that members of the same family have the same last name. If 2 people in the household have the same first, middle and last names, they must be further identified by recording "Jr", "Sr", etc. in the "Suffix" field. Do not enter a suffix in the "Last Name" field. Do not record parts of the last name in the "Middle Name" field.

Some people have hyphenated last names (e.g., Sperry-Hendricks). Record the first part of the last name, with hyphen (e.g., Sperry-), in the first "Last Name" field and the second part of the last name (e.g., Hendricks) in the second "Last Name" field. Some last names have "of" in them (e.g., Van in Van Gogh, D' in D'Amico). Record both parts of these last names in the first "Last Name" field.

Verify the spelling of all parts of the name. If unsure how to enter a name, ask the Respondent how it should be recorded.

Naturalization: The process of granting full citizenship to a person of foreign birth.

Nephew: The son of a person's brother or sister.

Never Married: A person who has never been legally married or whose only marriage(s) has(have) been legally annulled. (For an annulment to be legal, it must have been granted by the court, not through a religious decree.) If the person has had informal unions in the past but has never had a legal marriage, he/she is never married even if he/she considered his/herself as living with someone as married.

Niece: The daughter of a person's brother or sister.

Non-Relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, fostership or partnership (i.e., living together as married). Also refers to more ambiguous relationships. For example, a man and woman live together as married and the woman's sister lives with them. The relationship of the sister to the male partner would be sister-in-law if they were married, but since they are not married, she is "non-related."

Number of Rooms in House: Do not count bathrooms, laundry rooms, or unfinished basements.

Occupational/Technical/Vocational Programs: Includes secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered and other trade and business schools outside the regular school system.

On Layoff: Is when a person is waiting to be called back to a job from which they were temporarily laid-off or furloughed. Layoffs can be due to slack work, plant retooling or remodeling, inventory taking, and the like. Do not consider a person who was not working because of a labor dispute at his or her place of employment as being in layoff.

On Leave: An uncompensated leave of absence from a job. The absence must be at least 1 week or longer. Count this response as "with a job but not at work".

Osteoarthritis: A chronic disease characterized by destruction of cartilage and overgrowth of bone with malformation. Especially affects joints that bear weight.

Osteoporosis: A disease in which bones become less dense, which makes them more fragile and likely to break. Osteoporosis is not always painful. In fact, many people don't know they have osteoporosis unless a bone breaks. A doctor may tell you that you have osteoporosis after you have had a broken bone or a bone density test.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Other Health (Care) Professional: A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots (i.e., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturapaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

Outside of Work: Do not count exposure to firearm noise while in the military. Military service should be counted as work.

Over the Counter Pain Relievers: Certain medications that can be purchased without a prescription and that treat a variety of specific health problems. This category includes medications purchased to treat problems such as headaches (including sinus, menstrual, cold or tension), muscle aches and pains, arthritis, rheumatism, bursitis, back problems, migraine headaches, and pain associated with an injury.

Overnight Stay in a Hospital: A medical event when a person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be "admitted" to a hospital without staying overnight. Do not count as "overnight" when a person is admitted and discharged on the same day. Do not include visits to emergency rooms or outpatient clinics or stays for non-medical reasons, such as staying with a family member.

Pacemaker: A small device implanted into a person's heart that helps the heart keep a normal rhythm or beat.

Pain: Respondent defined. Must have lasted a whole day or more.

Parent: Include a person's biological, adoptive, step or foster mother or father, as well as his/her mother or father-in-law.

Past Month: The past 30 days. From yesterday, 30 days back.

Phlegm: Thick mucus from the respiratory passages.

Physical Problem: Some people may not do some activities at all, because of a reason other than a health or physical problem. For example, some men may have difficulty preparing meals or doing laundry because their wives have always done it for them. If the respondent says he or she doesn't do the activity at all, remember to ask if that is due to an impairment or a health problem.

POS (Point of Service): A fee-for-service type managed care plan that provides its members with the option to use a selected network of managed care physicians. If using in-network providers, the out of pocket expenses to the member are near zero, or the same as an HMO. If using out-of-network providers, the member is subject to substantial out of pocket expenses in the form of deductibles and/or copayments.

PPO (Preferred Provider Organization): The key word in preferred provider organization (PPO) is "prefer." There is a network of health care providers the PPO "prefers" you to stick to, but if you decide to use others, you won't have to pay the full bill. PPOs are a variation of managed care. They are less restrictive than HMOs in that visits to specialists are not dependent on authorization from a member's primary care physician, as they generally are in HMOs. Also, unlike HMOs, out-of-network usage is allowed by PPOs, at a higher cost to members. Financial incentives to use "preferred" providers include lower copayments or coinsurance and maximum limits on out of pocket costs.

Premature Nursery: A facility within the hospital that offers special or extra medical care to infants who were born after a period of less than normal gestation, or too early in a pregnancy.

Preparing Meals: The overall activities of cutting, mixing, and cooking food. The amount of food prepared is not relevant as long as it is sufficient to sustain a person over time. Preparing meals may be as simple as heating up a TV dinner or boiling an egg.

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Prescriptions for eyeglasses or contact lenses.

Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

Private Company or Business: Employees of an organization whose operations are owned by private individuals and not a governmental entity. This employer may be a large corporation or a single individual, but must not be part of any government organization. This category also includes private organizations doing contract work for government agencies.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Problem (Health, Physical, Mental, Emotional): The person's perception of a chronic, perhaps permanent, departure from physical, mental or emotional well-being. This includes specific health problems, such as a disease or condition, a missing extremity or organ, or any type of impairment. It also includes more vague disorders not always thought of as health related problems or illnesses, such as alcoholism, drug dependency or reaction, senility, depression, retardation, etc. Short-term disabilities (such as pregnancy or injury where full recovery is expected) should not be included as problems.

Protective Hearing Device: A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.

Prostate Surgery (Prostatectomy): Excision (i.e., cutting away) of part or all of the prostate gland.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions and adjustment reactions.

Psychologist: A non-physician who specializes in the counseling and testing of persons with mental, addictive or emotional disorders.

Public Housing: Count Public Housing and other types of low income housing.

Race: Respondent defined.

Railroad Retirement: U.S. Government Railroad Retirement Benefits are based on a person's long-term employment in the railroad industry.

Reference Person (Householder): The first household member 18 years or older mentioned by the Screener respondent in answer to the question about who owns or rents the dwelling unit.

Related: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships.

Relative: All common relationships that occur through blood (grandfather, daughter), marriage (wife, stepson), or adoption (adopted son or daughter). Include foster relationships and guardian/ward relationships. Also refers to extended relationships by legal marriage. For example, a man and woman are married. The woman's cousin's husband would also be counted as a "relative" of the man.

Rents or Owns Home: A person rents the home if s/he pays on a continuing basis without gaining any rights to ownership. A person owns the home if even if s/he is still paying on a mortgage.

Restaurant Meals: Include meals that are prepared at the grocery store, such as salad from the salad bar or pre-made deli items like sandwiches, rotisserie chicken, macaroni and cheese, etc. Do not include school lunches, school breakfasts or home-delivered meals for senior citizens.

Retinopathy: Any disorder of the retina.

Retirement or Survivors Pension: Employment benefit that provides income payments to employees upon their retirement. Pension plans provide benefits to employees who have met specified criteria, normally age and/or length of service requirements. The two main types of pension plans are:

- Defined benefit plans - an employer's cost is not predetermined, but the benefit is; and
- Defined contribution - the employer's cost is predetermined, but the benefit depends on how much the employee contributes, investment gains and losses, etc.

Include in this item income from 401 K, IRA's, annuities, paid-up life insurance policies and KEOGH accounts.

Retired: Respondent defined.

Rheumatoid Arthritis: Form of arthritis with inflammation of the joints, stiffness, and swelling.

Roomer/Boarder: A person who is not related to a family, but who occupies room(s) in the family's home, pays rent for the room(s), and may or may not take meals with the family.

Routine Check Up/Routine Care: A health procedure or series of health procedures, which is done (usually on a regular basis, such as every year) to help a person avoid illness or to detect problems early.

School: An institution that advances a person toward an elementary or high school diploma, or a college or professional school degree. Do not count schooling in non-regular schools unless the credits are accepted by regular schools.

Regular school includes graded public, private, and parochial schools, colleges, universities, graduate and professional schools, seminaries where a Bachelor's degree is offered, junior colleges specializing in skill training, colleges of education, and nursing schools where a Bachelor's degree is offered.

If the person attended school outside of the "regular" school system, probe to determine if the schooling is applicable here. Use the following guidelines to determine if the schooling should be included:

- Training Programs - Count training received "on the job," in the Armed Forces, or through correspondence school only if it was credited toward a school diploma, high school equivalency (GED), or college degree.
- Vocational, Trade, or Business School - Do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.
- General Educational Development (GED) or High School Equivalency - An exam certified equivalent of a high school diploma. If the person has not actually completed all 4 years of high school, but has acquired his/her GED (high school equivalency based on passing the GED exam), count this and enter code "14."
- Adult Education - Adult education classes should not be included as regular school unless such schooling has been counted for credit in a regular school system. If a person has taken adult education classes not for credit, these classes should not be counted as regular school. Adult education courses given in a public school building are part of regular schooling only if their completion can advance a person toward an elementary school certificate, a high school diploma (or GED), or a college degree.
- Other School Systems - If the person attended school in another country, in an ungraded school, in a "normal school", under a tutor, or under other special circumstances, ask the respondent to give the nearest equivalent of years in regular U.S. schooling.

Self Employed: Persons working for profit or fees in their own business, shop, office, farm, etc. Include persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators or independent truckers.

Separated: Legal or informal separation due to marital discord. If the spouse is absent for reasons other than marital discord, the "married" category applies.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

Sister: A sister includes biological, adoptive, step, foster, half sisters and sisters-in-law. A sister is one's female sibling who shares both of the same biological or adoptive parents. A stepsister is one's stepparent's daughter by a previous relationship. A half sister is one's female sibling who shares one of the same biological or adoptive parents. A sister-in-law is one's brother's wife. A foster sister is the foster daughter of one or both of one's parents or the daughter of one's foster parent(s).

Sister-in-Law: The wife of a person's brother or the sister of a person's spouse.

Skin Rash: Include hives. Do not include warts.

Snuff (also called Snoose or Dip): A finely ground form of tobacco that usually comes in a container called a tin. You use snuff by placing a "pinch" or "dip" in your mouth between your lip and gum or between your cheek and gum. Snuff is sold in both loose form or in ready-to-use packets.

Social Security: Social Security (SS) payments are received by persons who have worked long enough in employment that had SS deductions taken from their salary in order to be entitled to payments.

SS payments may be made to the spouse or dependent children of a covered worker. SS also pays benefits to student dependents (under 19 years of age) of eligible social security annuitants who are disabled or deceased.

Social Worker: A person who assists patients and their families in handling social, environmental and emotional problems associated with illness or injury. Can include social work specialists, such as a medical or psychiatric social worker.

Son-in-Law: The husband of a person's daughter.

Special Care Facility: A place within a hospital that offers extra medical care or intervention to an infant after birth because of some medical condition.

Special Consideration Codes for the MEC Appointment:

BL = Blind	OB = Obese
CR = Crutches	OP = Other Physical Impairment
DF = Deaf	SA = Substance Abuse
HI = Hearing Impaired	WL = Walker
MI = Mental Impairment	WC = Wheelchair

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is designed for children and youths aged 3 to 21. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Special Equipment: Any device, tool, utensil, instrument, implement, etc., used as an aid in performing an activity because of a physical, mental or emotional problem. This includes the use of adult "diapers" for incontinence. However, ordinary eyeglasses and hearing aids should not be considered "special equipment." For example: a spoon is not normally considered as "special equipment;" however, a uniquely designed or functioning one used for eating by a person because of physical, mental or emotional problems is considered "special equipment."

Spouse (Husband/Wife): Persons who are legally married or have a common-law marriage.

SSI: Also known as Supplemental Security Income (SSI), this federal program provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to persons who are both needy and aged (65 years or older), blind, or disabled. A person may be eligible for SSI payments even if they have never worked. SSI is NOT the same as Social Security. A person can get SSI in addition to Social Security. The SSI program is issued by the Social Security Administration. Each state may add to the federal payment from its own funds. This additional money may be included in the federal payment or it may be received as a separate check. If it is combined with the federal payment, the words "STATE PAYMENT INCLUDED" will appear on the federal check. A few states make SSI payments to individuals who do not receive a federal payment.

State or Federal Government Employees' Health Insurance: Most government employees have a private health insurance plan from their employer or workplace.

State Government: Include individuals working for agencies of state governments, as well as paid state officials, the state police, employees of state universities and colleges, and statewide JTPP administrators.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Stepbrother: Brothers who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepdaughter: The female child of a person's spouse, who is not the person's biological or adopted child.

Stepfather: Someone who has become a person's father through marriage to the person's biological or adopted mother.

Stepmother: Someone who has become a person's mother through marriage to the person's biological or adopted father.

Stepsister: Sisters who have no biological or adoptive parents in common, but whose parents are married to each other.

Stepson: The male child of a person's spouse, who is not the person's biological or adoptive child.

Stroke: A condition affecting the heart and circulatory system. Disease caused by damage to blood vessels in the brain. Include cerebrovascular accidents and transient ischemic attacks (TIAs). Depending on the part of the brain affected, a stroke can cause a person to lose the ability to speak or move a part of the body, such as an arm or a leg.

Sun Exposure: If respondent says that it would depend on the time of year or on the UV rating, probe for "in general" or "on average".

Taking Care of House or Family: Doing any type of work around the house, such as cleaning, cooking, maintaining the yard, caring for children or family, etc.

TANF (Temporary Assistance to Needy Families): This program has replaced AFDC. It is administered by state and local governments and may have a unique name depending on the state or local area. Eligibility for TANF programs varies from state to state, but usually requires a low income. The services provided by TANF programs also varies from state to state and may include cash benefits, job training, child care, employer subsidies, and a wide range of other services.

Traveled Outside of the U.S. or Canada: Do not count stopping at an airport in a country as traveling to that country.

Ulcer: A condition affecting the digestive system. An erosion of the lining in the gastrointestinal tract, such as the stomach or intestine.

Unable to Work for Health Reasons: Respondent defined.

Uncle: The brother of a person's mother or father.

Unemployment Compensation: Payment by the state government of a fixed amount of money to an unemployed person, usually at regular intervals over a fixed period of time.

Unmarried Partner: Persons who share living quarters because they have a close, personal relationship, but are not legally married (i.e., unmarried couples living together as if they were married).

Usual Place: Include walk-in clinic, doctor's office, clinic, health center, Health Maintenance Organization or HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

Usually Live and Sleep: The place where a person usually lives and sleeps must be specific living quarters held by the person to which he/she is free to return at any time. Living quarters which a person rents or lends to someone else cannot be considered as his/her usual residence during the time these quarters are occupied by someone else. Also, vacant living quarters offered for rent or sale during a person's absence should not be considered as his/her usual residence while he/she is away.

Vaccine/Vaccination: Oral medications or shots given to prevent the patient from contracting a communicable disease.

Vocational (Trade or Business) School: When determining the highest grade or year of regular school the person ever completed, do not include secretarial school, mechanical or computer training school, nursing school where a Bachelor's degree is not offered, and other vocational trade or business schools outside the regular school system.

Wages and Salaries: Include tips, bonuses, overtime, commissions, Armed Forces pay, special cash bonuses and subsistence allowances.

Ward: A child or incompetent person placed by law under the care of a guardian or court.

Water Treatment Devices: Any device intended to improve the safety and quality of water in the home. There are eight main types of treatments: carbon filters, fiber filters, reverse osmosis units, neutralizers, chemical feed pumps, disinfection and softeners. Devices such as Brita and other pitcher water filters should be counted as water treatment devices.

Wheezing: A high-pitched whistling or musical sound made when breathing.

WIC: WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. This program provides food assistance and nutritional screening to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5.

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Workers' Compensation: A system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise in the course of employment. The liability is created without regard to the fault or negligence of the employer. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.

Working Without Pay: Working on a farm or in a business operated by a related member of the household, without receiving wages or salary for work performed.

Year Built: This refers to the original construction completion date. Consider construction completed when:

- All exterior windows and doors have been installed;
- The usable floors are finished; and
- The unit is ready for occupancy.

Year built does not apply to:

- Later remodeling;
- Additions to previously existing structures;
- Conversions (commercial or residential) within a structure; or
- The date a building was moved to another site or lot.